



Bichon Frise Club of America

CHARITABLE TRUST

Veterinary Records Release Form

I hereby give permission for the Veterinarian listed below to release to the Bichon Frise Club of America Charitable Trusts designee all medical records for:

Gender of Dog	Age of Dog	Name of Dog
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I certify that the Veterinarian and Clinic listed below are the current medical providers for this dog, and that the records they provide will be the most current and complete records available.

Veterinarian's Name

Clinic Name

Address

City	State	Zip
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Phone Number	Fax Number
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Signature of Relinquishing Owner	Date
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Print Name

Address

City	State	Zip
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Phone Number	Email Address
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