

Pet Owner's Name

Address

City

State

ZIP

Current Veterinary Clinic's Name

Address

City

State

ZIP

I request that you transfer my pet(s)  
complete medical records to:

Animal Medical Center  
6840 West Commercial Boulevard  
Lauderhill, Florida 33319



Records may be transferred by:

US Mail: address at left

E-mail: [contact@animalmedicalcenterfla.com](mailto:contact@animalmedicalcenterfla.com)

Fax: 954-741-2748

**Pet's Name**

**Species**

**Breed**

If you have any questions about this records transfer request, I authorize you to work with the staff of Animal Medical Center to confirm what is needed and to arrange the transfer of documents. Animal Medical Center can be reached at 954-741-2776 or [contact@animalmedicalcenterfla.com](mailto:contact@animalmedicalcenterfla.com)

Thank you.

Pet Owner's Signature

Date