



Lakeshore Pembroke Welsh Corgi Rescue,  
Inc.



**REQUEST FOR RELEASE OF VETERINARIAN RECORDS**

Date: \_\_\_\_\_, \_\_\_\_\_

Name/address of veterinarian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Pembroke Welsh Corgi named

Dear Dr. \_\_\_\_\_:

I/We have transferred ownership of my/our Pembroke Welsh Corgi named \_\_\_\_\_ to the Lakeshore Pembroke Welsh Rescue, Inc. (LPWCR). You are hereby authorized and directed to treat LPWCR as the owner of this dog and to deliver to LPWCR's representative all medical records (including any X-ray films) of this dog. I/We would appreciate it if you would cooperate fully with LPWCR and its representative regarding the medical history and treatment of this dog.

Thank you for your assistance.

Sincerely,

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

cc: Lakeshore Pembroke Welsh Corgi Rescue, Inc.