



Jefferson Veterinary Hospital
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Rochester, NY 14623

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Client Information Transfer Sheet

DATE: _____

This letter is a request to transfer client information over to our clinic. Per the client's wishes, please fax over information on the pets listed below. The signature of the owner verifies the owner's consent for this transfer. Thank you.

Transferring from:

Current Hospital: _____
Fax: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____

Pet Name(s): _____

Owner Signature: _____

PLEASE INCLUDE COPIES OF BLOOD WORK/ LABORATORY RESULTS

The information received in this fax may contain privileged or confidential information and is intended exclusively for the individual or company for whom it is addressed. Information contained within this fax is exempt from disclosure under applicable law. If you received this fax in error, please notify us immediately and destroy your copy.