

CHANGE IN OWNERSHIP

Chippawa Veterinary Professional Corporation
o/a
CHIPPAWA ANIMAL HOSPITAL

I _____, as the previous owner of _____

Authorize the release of all medical information to _____

as his/her new owner.

Signature

Date

If you are acquiring this consent form over the internet, you may mail, drop off or fax the information to us. Our fax number is 905 295-3293