

_____, 2013

Dear Dr. _____:

I am writing to request the release of the following horses' records pursuant to California Business and Professions Code 4857 and California Code of Regulation Section 2032.3(b).

Owner Name and Address:

Authorized Agent Name and Address:

Horses Name:

Please send my horses' medical records to:
Starwood Equine Veterinary Services, Inc.
Kelly Zeytoonian, DVM
PO Box 620071
Woodside, CA 94062
ClientRecords@starwoodequine.com

Please release my horses' x-ray and ultrasound records to Dr. Zeytoonian pursuant to California Code of Regulation Section 2032.2.

Sincerely,

Owner or Agent