



Lakeshore
Animal Clinic
Boarding & Grooming

REQUEST FOR RECORDS

Date: _____

To: _____

From: _____

Regarding: _____

I am requesting you send a copy of your records for all my pets as soon as possible to:

Lakeshore Animal Clinic
5004 S. Stemmons Freeway
P.O. Box 1316
Lake Dallas, Texas 75065
Phone: 940-497-7387
Fax: 940-497-7390

Thank you for your cooperation.
