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## Consent of Transfer of Patient Records

I am a former client of Johnson Ranch Veterinary Clinic, Inc. ("JRVC"). I hereby request that Karen Johnson and/or JRVC transfer all patient records and files pertaining to my pet(s), to Sierra Ranch Veterinary Clinic and Pet Rehabilitation Center ("Sierra Ranch") and I specifically authorize Sierra Ranch and its veterinarians and staff to have access to and utilize such patient records and files in connection with the care of my pet(s).

Pet Names:

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Client Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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