



# Dog Aging Project

Longer, healthier lives. Together.

## Dog Aging Project

✉ team@dogagingproject.org

☎ (979) 845-2844

🌐 dogagingproject.org

### MEDICAL RECORDS REQUEST FORM

Owner Name: \_\_\_\_\_ Dog Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

My dog is enrolled in the Dog Aging Project, a longitudinal observational study out of Texas A&M University. I request and authorize the release of my above-mentioned dog's comprehensive electronic medical record to the Dog Aging Project.

**Records should be emailed as an email attachment** to [team@dogagingproject.org](mailto:team@dogagingproject.org) as a PDF, doc, or txt file. Please include the owner and dog's name in the email. Records must be electronic. Handwritten records cannot be accepted in any format. Records cannot be mailed or faxed.

#### Please include the following when available:

- Exam notes
- Vaccines
- Lab results
- Imaging results
- Medications
- Surgery and treatment notes
- Diagnoses

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

\_\_\_\_\_  
Date

*The Dog Aging Project unites dogs, owners, veterinarians, researchers, and volunteers to identify factors that maximize canine longevity. For each enrolled dog, data is collected on physical measurements, activity levels, health history, environment, and lifestyle. The goal is to understand how biology, lifestyle, and environment influence aging, enabling better prevention, diagnosis, and treatment of age-related diseases for longer, healthier lives. Together.*

If you have any questions, please contact the Dog Aging Project via email at [team@dogagingproject.org](mailto:team@dogagingproject.org) or telephone at (979) 845-2844.