

LAKE CHATUGE ANIMAL HOSPITAL
Young Harris, GA 30582
706-896-1244

Today's Date _____ Driver's License Number _____

Client Name: _____ Spouse: _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Is this your primary residence? Yes _____ No _____ Email Address: _____

Contact Numbers: Home: _____ Cell: _____ Work: _____

Other (please specify): _____

How may we contact you (check all that apply): Home _____ Cell _____ Work _____ Text _____ Email _____ USMail _____

Will Lake Chatuge Animal Hospital now be your primary veterinarian? Yes _____ No _____ Boarding only _____ Not sure _____

Whom may we thank for referring you to LCAH? _____

Do you have pet insurance or other pet health plan? (please specify) _____



Pet's Name _____ Dog _____ Cat _____ Other (specify) _____

Breed _____ Description/Color/Markings _____

Approx. Age/Birthdate: _____ Male _____ Neutered? _____ / Female _____ Spayed? _____

Name of previous _____ or current _____ Veterinarian: _____

Address of Veterinarian: _____

May we call your previous/current veterinarian for up-to-date medical records? _____

If Yes, please sign the medical release below.

To help prevent the spread of infectious diseases, **ALL** hospitalized and boarded animals must be current on vaccinations. **DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATIONS.** Vaccinations can be updated at the time of your appointment if these are not current.



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

To Whom It May Concern,

As owner/authorized agent of the above patient, I hereby request that you please forward/fax/email/mail all medical records to:
Lake Chatuge Animal Hospital, 1619 St. Hwy 17 N., Young Harris, GA 30582:

FAX: 706-896-1563

TELEPHONE: 706-896-1244

EMAIL: lcah30582@gmail.com

Thank you for your cooperation.

Date: _____

Owner/authorized agent's signature _____