

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

Breed _____ **Description/Color/Markings** _____

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

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

Breed _____ **Description/Color/Markings** _____

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

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

Breed _____ **Description/Color/Markings** _____

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

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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.

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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.

Owner/authorized agent's signature **Date:** _____