



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

Breed _____ Description/Color/Markings _____

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

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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: