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

Today's Date:	Date of Birth:	Driver's	License Number:	
Client Name:		Spouse:		
Mailing Address:				
City:		State:	Zip	Code
Is this your primary residence? Ye	s No	Email Address:		
Contact Numbers: Home:		_ Cell:	Work:	
Other (please specify):				
Will Lake Chatuge Animal Hospital	now be your primar	y veterinarian? Yes	No Boarding	g only Not sure
Whom may we thank for referring y	ou to LCAH?			
Do you have pet insurance or other	pet health plan? (F	Please specify)		
May we have permission to use pho	otos of your pet on c	our social media sites?	Yes	No
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Pet's Name		Dog Cat	Other (specify)	
Breed	Description/C	olor/Markings		
Approx. Age/Birthdate:		Male Neuter	red?/ Fema	ale Spayed?
Name of previous or curre	nt Veterinari	an:		
Phone Number of Veterinarian:				
May we call your previous/current v If yes, please sign the medical relea		-date medical records? _		
To help prevent the spread of infection AND INSURANCE REQUIREMENTS At the time of your appointment if the	S, ALL DOGS & CATS			
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AU To Whom It May Concern,	THORIZATION FOR	R RELEASE OF MEDICA	L INFORMATION	
As owner/authorized agent of the al Lake Chatuge Ar		oy request that you please 9 St. Hwy 17 N., Young		all medical records to:
FAX: 706-896-1563 Thank you for your cooperation.	TELEPHONE: 70	6-896-1244	EMAIL: lcah30582@	⊉gmail.com
 			Date:	
Owner/authorized agent's signature	;			