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## Client Information

Date: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name (Last Name First): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## Pet Information

Pet's Name: \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Sex:  M  F Neutered/Spayed: \_\_\_\_\_ At what age? \_\_\_\_\_

Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

What age was pet obtained? \_\_\_\_\_ From: \_\_\_\_\_

List your pet's current medication: \_\_\_\_\_

Please list any prior surgeries: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

## Authorization

*I hereby authorize Dr. Katheryn Kraemer to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.*

Signature of client responsible for pet(s) \_\_\_\_\_ Date: \_\_\_\_\_