



BEND EQUINE MEDICAL CENTER

Wayne Schmotzer, DVM, Dipl. ACVS

Wendy Krebs, DVM

Mary Masterson, DVM

Jessie Evans, DVM

CLIENT INFORMATION

OWNER _____	
ADDRESS _____	
CITY, STATE, ZIP CODE _____	
HOME TELEPHONE _____	CELL _____
WORK PHONE _____	FAX _____
EMAIL _____	

PATIENT _____
SPECIES _____ AGE _____
BREED _____
COLOR _____ SEX _____

PATIENT _____
SPECIES _____ AGE _____
BREED _____
COLOR _____ SEX _____

METHOD OF PAYMENT

CHECK CREDIT CARD CASH CARE CREDIT

CREDIT CARD NUMBER _____

EXPIRATION _____ 3-DIGIT SECURITY CODE _____

❖ *All accounts are due and payable at the time of your visit, unless satisfactory arrangements have been made with our office administrator prior to your appointment. We offer Visa, MasterCard, American Express, and CareCredit as payment options.*

❖ *On accounts that have made prior payment arrangements, the payment is due upon receipt of the monthly statement. Any balance outstanding more than 30 days will accrue interest at \$20 or 4% monthly, whichever is greater. Interest charges will not be waived on unpaid balances*

CHIEF COMPLAINT OR REQUEST: _____

PAST PERTINENT HISTORY: _____

CURRENT TREATMENTS/MEDICATIONS: _____

WHO CAN WE THANK FOR YOUR REFERRAL? _____

SIGNATURE _____ **DATE** _____