



BEND EQUINE MEDICAL CENTER

Wayne B. Schmotzer, DVM, Dipl. ACVS
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CLIENT INFORMATION

OWNER: _____ AGENT: _____
MAILING ADDRESS: _____ MAILING ADDRESS: _____
CITY, ST. ZIP: _____ CITY, ST. ZIP: _____
TEL#: _____ TEL#: _____
FAX#: _____ FAX#: _____
E-MAIL: _____ E-MAIL: _____

METHOD OF PAYMENT: _____ CREDIT CARD #: _____ Exp. _____
SECURITY CODE: (3 Digit number on back) _____

HOW DID YOU HEAR ABOUT US? _____

Signature _____ Date: _____

PATIENT INFORMATION

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

INSURED: _____ INSURANCE CO.: _____ TEL#: ()- -
REFERRING VET: _____
CLINIC NAME: _____
TEL#: ()- - FAX#: () -

CHIEF COMPLAINT OR REQUEST: _____

WHEN DID PROBLEM START? _____

HISTORY OF CURRENT PROBLEMS, EXAM FINDINGS, AND LAB TESTS: _____

CURRENT TREATMENT AND MEDICATIONS: _____

PAST PERTINENT HISTORY/OTHER NEEDED INFORMATION: _____

Bend Equine Medical Center Visiting Hours

Bend Equine Medical Center understands the special relationships that exist between our client owners and their horses. Hospitalized patients may have visitors between 9 a.m. and 3 p.m. on weekdays and between 9 a.m. and 11 a.m. on Saturdays. Thank you for your cooperation.