



Bend Veterinary Specialists
Small Animal Internal Medicine And Surgery

1245 SE 3rd St., Suite C3 Bend, Oregon 97702
Tel 541-312-2114 Fax 541-318-1665

Client Information

Name: _____ Spouse/Sig. Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Employer: _____ Work Phone: _____

Drivers License: _____ SSN: _____ Birthdate: _____

E-Mail: _____ Secondary E-Mail: _____

**We will not release your personal information or email address to any business or individual without your prior consent. By giving your email address(es) you are granting BVS and its employees permission to contact you regarding your pets health, continuing education and events pertaining to BVS and its affiliate Pawsitive Strides.

We use social media and will occasionally publish photos of patients on our website and Facebook page. **Your personal information will not be published however we may use your pets name for identification. **Please initial here if you DO NOT wish for your pet's photo or case information to be used for social media.**

Patient Information

Name: _____ Breed: _____ Color: _____

Species: Canine ___ Feline ___ Sex: M ___ F ___ Altered ___ Birthdate: _____

Referring Veterinary Clinic: _____

Referring Veterinarian: _____

Please mark any symptom or change you have noted in your pet: You may use a + or – sign to indicate increase or decrease.

General

- _____ Depression
- _____ Fatigue
- _____ Change in weight
- _____ Activity level
- _____ Appetite
- _____ Thirst

Skin

- _____ Hair loss
- _____ Itching/Redness
- _____ Lumps/Bumps
- _____ Head Shaking

Musculoskeletal

- _____ Lameness
- _____ Stiffness
- _____ Difficulty Rising
- _____ Difficulty Sitting
- _____ Pain
- _____ Swelling/heat
- _____ Change in Activity

Cardiovascular

- _____ Exercise intolerance
- _____ Collapsing Episodes
- _____ Abdominal Enlargement
- _____ Swollen Limbs

Reproductive

- _____ Spayed/Neutered
- _____ Last Estrus
- _____ Previous Litters
- _____ Bleeding/discharge

Respiratory

- _____ Coughing
- _____ Sneezing
- _____ Wheezing
- _____ Crackles
- _____ Excessive Panting
- _____ Moist Lung Sounds
- _____ Abnormal breathing
- _____ Voice Change
- _____ Raspy breathing

Gastrointestinal

- _____ Vomiting
- _____ Diarrhea
- _____ Constipation
- _____ Blood in feces
- _____ Dark or black feces
- _____ Fecal size,shape,color
- _____ Scooting/anal licking
- _____ Difficulty chewing
- _____ Difficulty swallowing
- _____ Abdominal Pain
- _____ Fecal Incontinence

Urinary

- _____ Frequency
- _____ Amount
- _____ Blood in Urine
- _____ Straining
- _____ Incontinence

Other: _____

Eyes/Ears

- _____ Vision
- _____ Hearing
- _____ Head Tilt

Neurologic

- _____ Depressed
- _____ Listless
- _____ Behavior change
- _____ Head tilt
- _____ Seizures
- _____ Tremors
- _____ Weakness
- _____ Incoordination
- _____ Collapse
- _____ Back Pain
- _____ Neck Pain
- _____ Crying Out