



**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 **Your personal information will not be published** however we may use your pets name for identification.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