



2861 Huguenot Springs Rd.
Midlothian, VA 23111
804-355-5594

Hours of operation: Monday-Thursday 8:30am - 4:30pm; Friday 8:30am-3:30pm
Days & hours of operation may vary. Animal Eye Care of Richmond is **NOT** a boarding facility.
ALL pets left for procedures/surgery **MUST** be picked up by the close of that business day.

PET AND OWNER INFORMATION

Equine's Name: _____ Owner's Last Name: _____
Breed: _____ Owner's First Name: _____
Color: _____ Spouse/Other Contact: _____
Please circle: Male **OR** Gelding **OR** Mare Mailing Address: _____
Date of Birth (Or Age): _____ City: _____ State: _____ Zip: _____
May we feature your horse on our Facebook page? _____

CONTACT INFORMATION

Your Home #: _____
Your Cell #: _____ Spouse/Contact's Work #: _____
Your Place of Employment: _____ Spouse/Contact's Cell #: _____
Your Work #: _____

What is the best # where we can reach you during the day (home, cell or work)? _____

VETERINARIAN INFORMATION

Referring Veterinarian: _____ Hospital Name: _____
Primary Equine Veterinarian (if different): _____ Hospital Name: _____

MEDICAL INFORMATION

Problem with eye: _____

Circle The Affected Eye: Right Left Both Duration of signs: _____
Is your horse on any eye medications: Yes No If yes, please list them: _____

Has your horse had any problems/reactions with **ANY** Medications? Yes No
If yes, please list them: _____

Has your horse been diagnosed with diabetes? YES NO
Does your horse have heart problems? _____ Anesthesia problems? _____

Does your horse have any major health problems? If so please explain: _____

Is your horse taking any other medications **NOT** related to the eye? _____

PAYMENT INFORMATION

Payment can be made by cash, check, Care Credit, and any major credit card. There is a \$40.00 fee for all returned checks. Any delinquent account requiring legal action may be subject to a 33 1/3% attorney's fee in addition to all court costs. All appointments will include an exam fee (including follow up appointments). Farm calls will include a travel fee of \$100 per hour.

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

Signature: _____

Date: _____