



**ANIMAL
EYE CARE
OF RICHMOND**

**VETSS
1540 Airport Road
Charlottesville, VA 22911
804-355-5594**

(Always call our Richmond location if you need anything.)

**Hours of operation: Usually the first and third Wednesday of each month, 9:30am-1:30pm
Days & hours of operation may vary. Animal Eye Care of Richmond is NOT a boarding facility.
Surgeries and procedures requiring sedation/anesthesia are only done at our Richmond location.**

PET AND OWNER INFORMATION

Pet's Name: _____ Owner's Last Name: _____
Breed: _____ Owner's First Name: _____
Color: _____ Spouse/Other Contact: _____
Please circle: Male **OR** Female Address: _____
Is your pet Neutered/Spayed? _____ City: _____ State: _____ Zip: _____
Date of Birth (Or Age of Pet): _____ May we feature your pet 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 Veterinarian (if different): _____ Hospital
Name: _____

MEDICAL INFORMATION

Problem with eye: _____

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

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

Has your pet been diagnosed with diabetes? YES NO
Does your pet have heart problems? _____ Anesthesia problems? _____
Does your pet have any major health problems? If so please explain: _____

Is your pet 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).

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

Signature: _____

Date: _____