



**ANIMAL
EYE CARE
OF RICHMOND**

Virginia Veterinary Center
1301 Central Park Blvd
Fredericksburg, VA 22401
804-355-5594

(Always call our Richmond location if you need anything)

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? _____

HAS YOUR PET EVER NEEDED A MUZZLE DURING AN EXAM? Yes _____ NO _____
(The doctors are very close to your pets face during an eye exam)

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:** _____

Days & hours of operation may vary. Animal Eye Care of Richmond is **NOT** a boarding facility.
ALL pets left for procedures/surgery at our Richmond office **MUST** be picked up by the close of that business day.