

PET AND OWNER INFORMATION

Pet's Name: _____ Owner's Last Name: _____
Breed: _____ Owner's First Name: _____
Species: _____ Spouse/Other Contact: _____
Color: _____ Address: _____
Please circle: Male **OR** Female City: _____ State: _____ Zip: _____
Is your pet Neutered/Spayed? _____ Place of Employment? _____
Date of Birth (Or Age of Pet): _____ May we feature your pet on our Facebook page? _____

CONTACT INFORMATION

Primary Phone #: _____ Spouse/Other Contact Primary #: _____
Secondary Phone #: _____ Spouse/Other Contact Secondary #: _____

PAPERLESS OPTIONS

How would you prefer to receive your pet's information?:

- I would like all of my exam findings/instructions and receipt **emailed** to me at: _____
- I would prefer a paper copy.

(SORRY, WE CAN ONLY DO ONE OF THE ABOVE, NOT BOTH)

We try our best to remind you of your pets upcoming appointments. How would you prefer to receive this reminder? **Please select only one of the following options:**

- Please text me at : _____ My cell provider is: _____
- Please email me my appointment reminder at: _____
- Please continue to call me to remind me of my upcoming appointment.

VETERINARIAN INFORMATION

Referring Veterinarian: _____ 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 _____

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: _____