

**PET AND OWNER INFORMATION**

Patient 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 Patient): \_\_\_\_\_ May we feature your pet on our social media? \_\_\_\_\_

**CONTACT INFORMATION**

Primary Phone #: \_\_\_\_\_ Spouse/Other Contact Primary #: \_\_\_\_\_  
Secondary Phone #: \_\_\_\_\_ Spouse/Other Contact Secondary #: \_\_\_\_\_

**EMAIL INFORMATION**

**We will email you all of your medical records and receipt the day of your appointment. Please provide us with the best email address to send your information**

to: \_\_\_\_\_

**We will also email you to remind you of upcoming appointments.**

**If you prefer not to receive appointment confirmations via email please check here:**

**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/patient 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/patient 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 (including new and rechecks) will have an exam fee.

**PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Office Hours:**  
**Monday through Thursday 8:30am-4:30pm**  
**Friday 8:30am-3:30pm**

***Doctor's hours vary from our office hours***

- Animal Eye Care of Richmond is not a boarding facility, therefore all pets left for procedures/surgeries must be picked up by the close of business the day of the procedure.
- Follow up appointments and postoperative rechecks WILL have an examination charge each visit unless the doctor tells you otherwise.
- Payment is due at the time of service. Unfortunately, we do not bill for services or medications.
- If your pet is not picked up by the close of business, we will transport your pet to the Veterinary Referral and Critical Care Center in Manakin Sabot and you will incur a travel charge from us AND additional boarding fees, etc from the emergency center.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2861 Huguenot Springs Road  
Midlothian, Virginia 23113  
Phone 804-355-5594 Email [aecrichmond@gmail.com](mailto:aecrichmond@gmail.com)