

APPOINTMENT DATE:
 APPOINTMENT TIME:
 EXAMINING DOCTOR: Dr. Thomas Sullivan, DVM, DACVO



animal eye clinic, inc.

CLIENT INFORMATION

OWNER LAST NAME	FIRST	MI
CO-OWNER LAST NAME	FIRST	MI
STREET ADDRESS		UNIT NUMBER
CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	
WORK PHONE	PREFERRED NUMBER (please check one) HOME CELL WORK	
E-MAIL ADDRESS	SECONDARY E-MAIL	

PATIENT INFORMATION & REASON FOR VISIT

PET'S NAME	DATE OF BIRTH OR APPROXIMATE AGE		
SPECIES (please check one, or write-in) Canine Feline Other:	BREED		
COLOR/ MARKINGS	SEX MALE FEMALE	SPAYED/ NEUTERED? YES NO	
REFERRING/ REGULAR VETERINARIAN	CLINIC		
SECONDARY/ ALTERNATE VETERINARIAN	CLINIC		
PATIENT HISTORY Does your pet suffer from any of the following health conditions? (Please check all that apply or write-in)			
<input type="checkbox"/> Allergies <input type="checkbox"/> Arthritis <input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Diabetes <input type="checkbox"/> Heart issues <input type="checkbox"/> Other:	<input type="checkbox"/> Hypertension <input type="checkbox"/> Kidney disease	<input type="checkbox"/> Pancreatitis <input type="checkbox"/> Seizures
Please list any and all medications not related to the eyes that are being used (list eye medications further below):			
Is your pet experiencing any of the following eye symptoms? (please check all that apply or write-in)			
<input type="checkbox"/> Cloudiness <input type="checkbox"/> Color changes <input type="checkbox"/> Discharge (color: _____)	<input type="checkbox"/> Discomfort/ pain <input type="checkbox"/> Irritation/ rubbing	<input type="checkbox"/> Squinting <input type="checkbox"/> Tearing <input type="checkbox"/> Other: (write in below)	<input type="checkbox"/> Redness <input type="checkbox"/> Vision changes/ loss
Which eye(s) is/are displaying the symptoms above? Right Left Both		How long have these changes/ symptoms been present?	
Please list any current eye medications being applied:			
May Animal Eye Clinic utilize your pet's name and photos for educational and promotional purposes, including but not limited to social media? YES NO			

Animal Eye Clinic requires payment in full, for all services, at the conclusion of each visit. Cash, check, and most major credit cards are all suitable forms of payment; however, we currently do not accept Care Credit. If you have any concerns or questions regarding today's fees, please ask to speak with us before proceeding with your pet's appointment.

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Entered by: Reviewed by: