



OWNER LAST NAME		FIRST	MI
ADDRESS		UNIT NUMBER	
CITY		STATE	ZIP CODE
PRIMARY PHONE NUMBER	<i>Check if landline (ie cannot receive texts)</i>	CELL PHONE NUMBER	<i>Check if 'Primary' number to the left is a cell</i>
WORK PHONE NUMBER		EMAIL ADDRESS	
CO-OWNER LAST NAME		FIRST	MI
SECONDARY PHONE NUMBER	<i>Check if landline (ie cannot receive texts)</i>	CO-OWNER CELL	<i>Check if 'Secondary' number to the left is a cell</i>
CO-OWNER WORK PHONE		CO-OWNER EMAIL	
Have we met you with another pet, a current patient or otherwise? Yes, I've been here before. No, this is my first time here.		May we use your pet's name/photo for educational/promotional reasons? Yes No	
Printed instructions and/or invoice needed along with emailed discharges? Provide an invoice for each visit Print copies at every visit		Confirmations will be sent by text to the primary cell number above. If you can't receive texts, check here for: Email Call Opt-out	

PET'S NAME	DATE OF BIRTH or APPROXIMATE AGE
SPECIES Canine Feline Other:	BREED
COLOR/ MARKINGS	SEX Male Female Spayed/ neutered?
REFERRING/ PRIMARY VETERINARIAN and CLINIC NAME	SECONDARY/ ALTERNATE VETERINARIAN and CLINIC NAME
EYE SYMPTOMS - Which eye(s) is/are experiencing issues? Right Left Both	How long have these symptoms been present?

Is your pet experiencing any of the following symptoms with their eye(s)? Check all that apply. *Space is provided for other concerns or additional detail.*

Cloudiness Discomfort/ pain Squinting Redness Color changes
Irritation/ rubbing Tearing Vision changes/ loss Discharge (*describe below*)
Other (*Please describe. Space also provided for comment or additional detail regarding above symptoms*)

EYE MEDICATIONS - Please list any medications that your pet is currently taking for the eyes. *Please list other medications below.*

MEDICAL HISTORY - Does your pet suffer from any of the following health conditions? Check all that apply. *Space is provided for other concerns.*

Allergies Diabetes Hypertension Pancreatitis Arthritis
Heart issues Kidney disease Seizures Thyroid disease Other (*write in below*)

MEDICATIONS - Please list any medications that your pet is currently taking for reasons unrelated to the eye. *Please list eye medications above.*

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. We currently do not accept Care Credit. If you have any concerns or questions regarding today's fees, please don't hesitate to speak with us before proceeding with your pet's appointment. Thank you!