OWNER LAST NAME	FIRST	MI
ADDRESS		UNIT NUMBER
CITY	STATE	ZIP CODE

PRIMARY PHONE NUMBER ☐ *Check if landline (ie cannot receive texts)*	CELL PHONE NUMBER ☐ *Check if 'Primary' number to the left is a cell*
WORK PHONE NUMBER	EMAIL ADDRESS

CO-OWNER LAST NAME	FIRST	MI

SECONDARY PHONE NUMBER ☐ *Check if landline (ie cannot receive texts)*	CO-OWNER CELL ☐ *Check if 'Secondary' number to the left is a cell*
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!