

Animal Eye Clinic, Inc. P.S. | 5339 Roosevelt Way NE Suite B, Seattle, WA 98105 | P: (206) 524-8822 | F: (206) 524-3551

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Please fill out the following information as you want it to appear on the OFA form. Submit this form back to the clinic **within at least 7 days** of scheduling your appointment. You can email it to <reception@seattleaec.com> or can mail/fax it to the above address/fax number. **If we do not receive the form on time, we cannot confirm your appointment and will call to have it rescheduled.** For the appointment, it is helpful if you have an assistant with you. Thank you for your cooperation.

Name of Registered Owner: _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip: _____

Genetic Eye Screen (OFA) Appointment Date: _____ We will put drops in at: _____ Exam time: _____

Dog's Full Name	Breed/Variety	Last Exam Date	Tattoo/Chip #	Registration #	M / F	Date of Birth

Directions (I-5 North): Take Exit 170. Take the 1st right (Ravenna Blvd.). Go one long block to Roosevelt Way NE and turn right. Go to 55th St. and turn right. The Clinic parking lot is immediately to your left.

Directions (I-5 South): Take Exit 171. Take the 1st left (NE 70th), which goes over the freeway, and turn right onto Roosevelt Way NE (2 blocks). Go to NE 55th and turn right. The Clinic parking lot is immediately to your left.