

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

*Thomas C. Sullivan, D.V.M. Diplomate ACVO*

*Matthew P. Landry, D.V.M. Diplomate ACVO*

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 1<sup>st</sup> right (Ravenna Blvd.). Go one long block to Roosevelt Way NE and turn right. Go to 55<sup>th</sup> St. and turn right. The Clinic parking lot is immediately to your left.

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

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