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

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)

☐Allergies ☐Diabetes ☐Hypertension ☐Pancreatitis
☐Arthritis ☐Heart issues ☐Kidney disease ☐Seizures
☐Thryoid disease ☐Other:

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)

☐Cloudiness ☐Discomfort/ pain ☐Squinting ☐Redness
☐Color changes ☐Irritation/ rubbing ☐Tearing ☐Vision changes/ loss
☐Discharge (color: _____) ☐Other:

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 utiilize 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: