

What leads you to believe your pet has an eye problem?

Loss of vision: _____

Eye discharge: _____ watery _____ like pus

Peculiar color to the eye(s)? _____ yes _____ no

If yes, please describe: _____

Holds eye(s) closed _____

Veterinarian noted the problem _____

Other _____

How long has the problem been present? _____

Which eye is affected? **RIGHT** _____ **LEFT** _____ **BOTH** _____

Has the character of the eye problem changed since you were first aware of it? _____ yes
_____ no

If yes, please describe: _____

How well do you believe your pet sees?

Excellent: _____

Poor on all occasions: _____

Poor especially in: _____ dim light; or, _____ bright light

Poor in regard to: _____ near, or _____ distant objects

Poor in regard to: _____ moving; or, _____ stationary objects

Do you have any other pets? If so, name the type of additional pet(s), number, and whether or not they have eye problems: _____

Do you know your pet's dam (mother) or sire (father)? _____ yes _____ no

If yes, do either of them have any eye problems? _____ yes _____ no _____ do not know

ESA-TREATMENT AUTHORIZATION

I hereby authorize Dr. Steven J. Dugan, Dr. Lori J. Best and their assistants to examine my animal. I understand that Dr. Dugan, Dr. Best and their staff will inform me of the indications for, and possibly complications of any medical and/or surgical procedures which they may recommend for diagnosis and/or treatment. I also understand that no medical or surgical treatment will be performed without my prior consent.

If you were referred to our hospital by another veterinarian, he/she will likely appreciate a summary of your pet's care and treatment in order for your pet's care to continue without interruptions. Eye Specialists for Animals considers that the identification of a referring veterinarian implies your authorization to release records and information to that referring veterinarian.

FINANCIAL POLICY

All initial consultations/examinations and subsequent consultations/re-examinations are performed via Eye Specialists for Animals with the owner/agent's understanding these examinations/consultations are associated with industry standard fees, i.e., neither initial consultations nor follow-up consultations/examinations are performed at no charge.

Payment is due as services are rendered. You may pay by cash, personal check, Care Credit, Visa, MASTERCARD, or American Express. In order to avoid any misunderstanding, please let us know immediately if these terms are not satisfactory and/or feasible.

I understand that the owner is financially responsible to Eye Specialists for Animals for all applicable charges relating to this animal.

I have read and agree to the treatment authorization. I have also read the financial policy and understand my financial obligations.

Owner/Responsible Agent: _____ **Date:** _____