

**Eye Specialists for Animals**  
**Client and Small Animal and Exotic Patient Information**

Date: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_  
Last First

**Please star preferred contact:**

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Spouse Phone: (\_\_\_\_) \_\_\_\_\_  
cell/work (please circle one)

**Owner's Address:** \_\_\_\_\_  
Street City State Zip

**Owner's Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Circle One:** Dog Cat Other

**Age/Birthday:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Circle One:** Female Spayed Female Male Neutered Male

**Name of Your Referring Veterinarian:** \_\_\_\_\_

**Clinic Name** \_\_\_\_\_

**Clinic Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_

**Medical and Ophthalmic History**

Is your pet current on all vaccinations? \_\_\_\_ YES \_\_\_\_ NO

Is your pet taking medication to prevent heartworm? \_\_\_\_ YES \_\_\_\_ NO

Has your pet traveled out of Colorado? \_\_\_\_ YES \_\_\_\_ NO

If yes, where and when? \_\_\_\_\_

Does your pet have any significant medical problems other than the eye(s)  
**OR** history of an adverse reaction to any medications?

\_\_\_\_\_

How long has the above problem(s) been present? \_\_\_\_\_

Please list any of your pet's medications and frequencies: \_\_\_\_\_

\_\_\_\_\_

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

#### **MEDIA RELEASE**

I hereby authorize Dr. Steven J. Dugan, Dr. Lori J. Best and their assistants to photograph my animal. These photos may be used on the Eye Specialists for Animals website or as educational materials for our clients, staff, and/or associate veterinarians

I authorize the staff to photograph and use photos of my animal \_\_\_\_\_

I **DO NOT** authorize the staff to photograph my animal \_\_\_\_\_

#### **ESAT-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:** \_\_\_\_\_