

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

Date: _____

Owner's Name: _____ Spouse: _____

Please star preferred contact:

Cell Phone: (_____) _____ Home Phone: (_____) _____

Work Phone: (_____) _____ Spouse Phone: (_____) _____

Email Address: _____ Confirmation Preference: ___ Phone ___ Email

Owner's Address: _____
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 Primary Care Veterinarian: _____

Clinic Name _____

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), including a previous adverse reaction to any medications? ___ YES ___ NO

If yes, please explain including approximate date of diagnosis/incidence: _____

Please list **any** of your pet's medications and frequencies: _____

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

Loss of Vision: _____

Eye Discharge: ___ watery ___ like pus

Peculiar Color to the Eye: ___ YES ___ NO

If yes, please describe: _____

Holds Eye(s) Closed: ___ YES ___ NO

Pawing/Rubbing at the Eyes: ___ YES ___ NO

Veterinarian Noted the Problem: YES NO

Other: _____

How long has the problem been present? _____

Which eye is affected? (Circle One): RIGHT LEFT BOTH

How well do you believe your pet sees?

Excellent:

Poor on all occasions:

Poor especially in: Dim Light Bright Light

Poor in regard to: Near Objects Distant Objects

Poor in regard to: Moving Objects Stationary Objects

Do you have any other pets? If so, name the type of additional pet(s) 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 material 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

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:** _____