

Animal Eye Clinic Drop off information Initial Exam:

Patient's Name: _____ Owner's Last Name: _____

What phone number may we reach you at today? _____

We are pleased that we could accommodate your schedule by having your pet stay with us for the day. The staff will walk your pet and give him/her water. If medical treatment is required during your pet's stay, our technicians will administer as directed by the doctor. We do not feed our patients during their stay unless specifically requested by his/her owner.

Please understand that since your pet will be worked into the clinic's surgery schedule, an exact exam time will not be specified. The staff will contact you when the examination is complete to schedule a pick up time. The doctor will discuss the diagnosis, treatment plan and any other options at your designated pick up time.

_____ (please initial)

Please clearly answer the following questions and provide additional information where requested, if applicable.

What OCULAR symptoms have you noticed:

Which eye	OCULAR symptoms: Redness, squinting, tearing, blindness etc.

What SYSTEMIC symptoms have you noticed? (If any):

Yes No	Increased water consumption, urination or appetite?
Yes No	Does your pet have any SYSTEMIC disorders that we should be aware of? <i>Please note: Diabetes, seizures, abnormal thyroid conditions and diagnosed liver/kidney diseases should be listed here.</i>
Yes No	Is your pet currently taking any medications? (Please list ALL medications): EYE # times daily Medication name

Please remember that no time can be guaranteed! We will ask that you schedule a time for pick up to avoid congestion at pick up time. Thank you for your understanding.