

# Animal Eye Clinic

5820 Interstate 20 W  
Arlington, TX 76017

Phone: 817-483-8762  
Fax: 817-478-3692

Please visit our website for more  
information and to download forms.

[www.TexasEyeVet.com](http://www.TexasEyeVet.com)

## Equine Ophthalmology Referral Form

Attention Referring Veterinarian:

To better serve you and your client's needs, we ask that you complete this form when referring patients. Once completed, please fax or email this referral form. Dr. Paulsen reserves Friday appointments for equine examinations. If you have any questions or concerns, please feel free to contact our office.

Sincerely,  
Dr. Michael Paulsen and the Staff of Animal Eye Clinic

### Client Information

### Referring Veterinarian Information

Owner's Name:	Hospital Name:
Home Phone:	Referring DVM:
Work Phone:	Hospital Phone:
Cellular Phone:	Hospital Fax:

### Patient Information

### Patient History

Name:	Duration of Problem:
<input type="checkbox"/> Quarter Horse <input type="checkbox"/> Paint <input type="checkbox"/> Appaloosa <input type="checkbox"/> Arabian <input type="checkbox"/> Other: _____	Brief History/Symptoms
<input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion <input type="checkbox"/> Foal	
Age:	Diagnostic Tests Performed: (Tonometry, Fluorescein Stain, Schirmer Tear Test etc)
Health Concerns:	Current Medications:

Status of Appointment:  Emergency  This week  Routine

**☞ Please have client call our office to set up Appointment**

