



Your Name: _____

Date: _____

Pet's Name: _____

EYE PROBLEMS

You have chosen for your pet to have an exam to diagnose the cause of his/her eye problems, and also, if necessary, vaccinations and testing and minor medical procedures. You authorize us to do so without your presence. Please take a moment to thoroughly fill out the following questionnaire regarding your pet's condition so that we can make sure we are taking the best possible care of your pet.

At the time of discharge, a veterinarian will speak with you to go over the details of your pet's visit or you may choose to receive a phone call.

Discharge (~Time: _____) Phone call- during business hours (Time: _____)

1. Which eye (s) seems is/are affected?

Right Left Both

2. When did you first notice the problem?

Today/Yesterday 2-3 days ago ~1 week ago ~2 weeks ago Other

3. Does the problem seem worse than when first noticed? Yes No

4. Is there an any discharge from the eye (s)? Yes No

If yes, what does it look like?

Clear/Watery Cloudy/Thick Yellow/ Green Brown or Black

5. Is your pet rubbing at the eye(s) ? Yes No

6. Does your pet seem to squint to keep the eye(s) closed? Yes No

7. Does your pet seem sensitive to bright lights? Yes No

8. Has there been any known injury or trauma to the eye (s)? Yes No

If yes, please explain: _____

9. Does your pet have any history of previous eye problems?

If yes, please explain: _____

10. Does your pet have any history of other medical problems? Yes No

If yes, please describe: _____

11. Is your pet currently on any medications for the eye (s)?? Yes No

If yes, what medication?: _____

How often are you using it?: _____

Where did the meds come from?: _____

12. Is there any other information you feel would be helpful to us at this time?

Additional Procedures/Diagnostics:

At the time you drop off your pet, you should receive an estimate listing the diagnostic procedures associated with your pet's problem and their costs, for which you will be responsible. During the course of your pet's exam, the veterinarian may determine the need for additional services in order to complete his/her evaluation of your pet. If the doctor discovers a problem requiring a more extensive work-up, we will attempt to contact you before proceeding. You, or your authorized emergency contact, must be available via phone.

Please review the options below, and check and initial one:

I authorize Eastern Shore Animal Hospital Staff veterinarian (s) to examine and treat my pet as outlined in the estimate, and up to an additional \$100 in services, if needed.

Initial _____

If additional services are needed, please attempt to contact me (or my alternate contact) at the number provided. If I cannot be reached, I authorize Eastern Shore Animal Hospital to perform additional services up to \$ ____.

Initial _____

I do not authorize any additional services beyond the scope of the estimate. I understand that if I choose to have the recommended medical procedures performed at a later date, I will be responsible for an additional examination fee, plus the cost of the individual services.

Initial _____

Owner/Agent Signature: _____ Date: _____

Contact Number(s): _____

Name of alternate contact*: _____ Phone: _____

(*This person must be authorized to make medical and financial decisions for your pet)

ESAH staff: _____