South Texas Veterinary Ophthalmology

The information below is required prior to your pets visit with his/her ophthalmologist. All fees are required to be paid in full upon completion of your visit as well.

Primary Veterinarian: _____ **Hospital:** _____

** The above information is IMPORTANT as it allows us to send your Primary Veterinarian our followup exam notes.**

Client Information:

Owner Name: _____

Spouse's name (if applicable): _____

Are you active/retired Military ☐ Yes ☐ No

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Preferred Method of Contact: ☐ Email   ☐ Phone Call

Emergency Contact Information *(in case we cannot reach you)*:

Name: _____ Phone: _____

Name: _____ Phone: _____

Patient Information:

Pet Name: _____ ☐ Dog ☐ Cat Other: _____

Breed: _____ Color: _____

Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No

Age / Date of Birth: _____

Clinical Questionnaire:

1) Describe the reason for your visit: _____

_____

_____

_____

_____

2) Is your pet currently being treated for this problem? ☐ Yes   ☐ No

   a. If yes, what medications is your Pet currently being treated with?

_____

_____

_____

3) Do YOU FEEL your pet is in pain? ☐ Yes   ☐ No

4) Does your pet have trouble seeing? ☐ Yes   ☐ No

   a. If yes, does your pet have trouble seeing in surroundings that are:

      ☐ Familiar ☐ Strange ☐ Both

   b. Have you noticed that your pet's vision is worse at a particular time of the day?

      ☐ Worse at night ☐ Worse during the day ☐ No difference ☐ Unknown

5) Is your pet Diabetic? ☐ Yes   ☐ No   ☐ Unknown

   a. Is the diabetes controlled? ☐ Yes   ☐ No   ☐ Unknown

   b. Type of Insulin: _____ Amount: _____

      Frequency: _____

6) Does your pet have any other/previous eye problems? ☐ Yes   ☐ No

   a. If yes, please describe: _____

7) Does your pet have any other medical problems? ☐ Yes   ☐ No

   a. If yes, please list: _____

      _____

   b. If yes, Is your pet on any medications for these problems? _____

_____

_____

_____

_____

8) Is your pet current on vaccinations? ☐ Yes   ☐ No

   a. Has your pet had a canine Bordetella vaccine in the past 6 months? ☐ Yes   ☐ No

This hospital treats many patients that are ill. Please be aware that if your pet's Bordetella vaccination is not current, he/she may be at risk of contracting kennel cough. Unfortunately, being vaccinated does not protect your pet from every strain of Bordetella that could be contracted; so on occasion a vaccinated animal can develop kennel cough. We work hard to sterilize and disinfect all of our spaces and equipment; however, kennel cough spreads through the air. With the added factor of ill pets having decreased immune systems, we want you to be aware of the risks associated with kennel cough.

Photo Consent:

South Texas Veterinary Ophthalmology strives to educate clients, veterinary professionals, and students on ocular diseases. Photographs and videos of ocular disease have proven to be most helpful in documenting progress and outcomes. Pictures and/or videos of your pet's eye(s) would aid in educating as well as documenting the progress of your pet's ocular issues. You name and your pet's name will not be used in order to keep information private. In signing this consent, I hereby grant South Texas Veterinary Ophthalmology permission to use any photographs and/or videos taken of my pet, in any and all of its publications, including the website entries, without payment or any other consideration. I understand and agree that these materials will become the property of South Texas Veterinary Ophthalmology and will not be returned. I hereby authorize South Texas Veterinary Ophthalmology to edit, alter, copy, exhibit, publish, or distribute this photo and/or video for purposes of publicizing their programs or for any other lawful purpose. In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby release South Texas Veterinary Ophthalmology from all claims, demand, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have reason of this authorization.

_____ I accept

_____ I decline

Signature of Responsible Party: _____ Date: _____