

Ophthalmology Patient Medical Questionnaire

Arkansas Veterinary Emergency and Specialists

Please answer the following questions to the best of your knowledge:

1. What led you to believe your pet had an eye problem? (circle all that are prevalent)
 - a. Loss of vision
 - b. Discharge from eye
 - c. Peculiar eye color
 - d. Veterinarian noted
 - e. Other: _____

2. How long has the problem been present? _____

3. Which eye is affected? LEFT RIGHT BOTH

4. Has your pet had any previous eye problems? _____

5. Your pet's vision seems to be: (circle all that apply)
 - a. Excellent
 - b. Poor in dim light or bright light
 - c. Poor in regard to near objects
 - d. Poor in regard to objects far away
 - e. Poor on all occasions
 - f. Not sure
 - g. Other: _____

6. Has your pet had any past or present illnesses? _____

7. Please list any medications that your pet is currently taking. (i.e. Prednisone, Rimadyl, Previcox, Metacam, Insulin, eye drops, etc...)

Consent for Treatment

I understand that the estimated costs for medical or surgical treatment of this patient and the actual costs may vary. I, the undersigned, certify that I am the owner or authorized agent of this animal and do authorize the examination, medical, surgical or other treatments as they are explained to me and are deemed necessary.

Signature of Owner/Agent

Date