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Date:

So they can see a better life.

Patient History

Which eye is affected? Right Left Both Eyes

How long has this problem been present? _____

What problems have you noticed?

- Loss of Vision
- Eye Discharge
- Squinting (Holding eye shut)
- Change in color or cloudiness
- My veterinarian noticed the problem (specify) _____
- Other _____

Has the problem changed since you first became aware of it? Improved Worsened Stayed about the same

Your pet's eyesight seems to be:

- Excellent
- Fair
- Poor on occasions
- Poor in dim/dark light
- Poor with objects nearby
- Poor with objects far away

Have you treated the eyes with any medications?

Yes No

List any medications and how often:

Has your pet had other eye problems in the past?

Yes No

If yes, what type? _____

Does your pet have any other illness?

Yes No

If yes, what type? _____

Is your pet receiving any other medication(s)?

Yes No

If yes, please list? _____

Best contact number today? _____