



Veterinary Eye Clinic

Our Vision Is Caring For Your Pet's Vision

Owner's Name: _____ Pet's Name: _____ Date: _____

Patient History

Which eye is affected? Right Left Both Eyes

Which problems have you noticed?

- Change of vision
- Cloudiness
- Ocular discharge
- Squinting
- Tearing
- Redness, swelling of tissue around the eye
- Change in size of the eye
- Change in size of the pupil of the eye
- Discomfort, pain, rubbing

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:

Have you treated the eyes with any medications?

Yes No

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

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:

Travel History in the last five years:

Does your pet have any fleas or ticks?

Yes No

(For felines only), has your cat been tested for FIV/FELV?

Yes No Results: _____