



Your Name: _____

Pet's Name: _____

Date: _____

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 questions regarding your pet's eye condition so that we can make sure we are taking the best possible care of your pet.

If you need more time to complete this form, please feel free to take it with you and return it or fax it by 1 pm in order for your pet's exam to be done during our in-patient exam time. Our FAX number is 978-256-9554. You can reach us by phone at 978-256-9555.

Following your pet's exam, a technician will speak with you to go over the details of your pet's visit. You may choose to either set up a time to speak with him/her at your pet's discharge, or to receive a phone call at a later time, at your convenience. Please let the receptionist know which option you would prefer.

Discharge (*Time:* _____) Phone Call (*Time:* _____)

1. Which eye is affected?

Right Left Both

2. When did you first notice the problem?

Today Yesterday 2-3 days ago 4-6 days ago A week ago or more

3. Does the problem seem to be better or worse than when first noticed?

Better Worse About the same

4. Is there any discharge from the eye(s)? YES NO

If yes, what does it look like?

Clear / Watery Cloudy / Thick Yellow or 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? YES NO

If yes, please explain: _____

10. Does your pet have any history of other medical problem? YES NO
If yes, please explain: _____

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 that you feel would be helpful to us at this time?

Additional Procedures/Diagnostics:

At the time your 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 responsible. During the course of your pet's in-patient 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 Countryside staff veterinarian(s) to examine and treat my pet as outlined in the IPE 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 Countryside to perform additional services up to \$300.

Initial : _____

- I do not authorize any additional services beyond the scope of the IPE estimate. I understand that if I later choose to have the medical procedures recommended during the IPE performed, I will be responsible for an additional examination fee of \$49.50, 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)

CVH Staff: _____