

# New Patient Form

Patient Name

Breed

Species

Color

Sex

Is your pet  
Neutered/ Spayed?

DOB

Owner's Name

Email

We will email you all of your medical records and receipt the day of your appointment. Please provide us with the best email address to send your information to \* We will also email you to remind you of upcoming appointments

Phone

Address

Other Contact

Phone

May we feature your pet on our social media?

Referring Veterinarian

Hospital Name

## Medical Information

Problem with eye

Right

Left

Both

Duration of signs

Is your pet on any eye medications:

Yes

No

If yes, please list

Has your pet had any problems/ reactions with ANY Medications?

Yes

No

If yes, please list

Has your pet been diagnosed with diabetes?

Yes

No

Does your pet have heart problems?

Anesthesia problems?

Major health problems? If so,  
please explain

Is your pet/patient taking any other  
medications NOT related to the eye?

Has Your Pet Ever Needed A Muzzle During An Exam?

Yes

No

Payment can be made by cash, check, Care Credit, and any major credit card. There is a \$40.00 fee for all returned checks. Any delinquent account requiring legal action may be subject to a 33 1/3% attorney's fee in addition to all court costs. All appointments (including new and rechecks) will have an exam fee. PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

Signature

Date