

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

- Animal Eye Care of Richmond is not a boarding facility, therefore all pets left for procedures/surgeries must be picked up by the close of business the day of the procedure.
- Follow up appointments and postoperative rechecks WILL have an examination charge each visit unless the doctor tells you otherwise.
- Payment is due at the time of service. Unfortunately, we do not bill for services or medications.
- If your pet is not picked up by the close of business, we will transport your pet to the Veterinary Referral and Critical Care Center in Manakin Sabot and you will incur a travel charge from us AND additional boarding fees, etc from the emergency center.

Signature

Date: