## PET AND OWNER INFORMATION

Patient Name:_____ Owner's Last Name:_____
Breed:_____ Owner's First Name:_____
Species:_____ Spouse/Other Contact:_____
Color:_____ Address:_____
Circle: Male **OR** Female Neutered/Spayed City:_____ State:_____ Zip:_____
Approximate Weight of Pet:_____ Place of Employment:_____
Approx. age of Patient:_____ May we feature your pet on our social media:_____

## CONTACT INFORMATION

Cell Phone #:_____ Spouse/Other Contact Primary #: _____
SecondaryPhone #:_____ Spouse/Other Contact Secondary#: _____

## EMAIL INFORMATION

**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 via TEXT MESSAGE OR EMAIL.**
**Do you prefer: (Please check one)**
**Email Reminders_____ OR Text Reminders_____**
**If text please list your cell phone carrier (Verizon, TMobile, AT&T, etc):_____**

## VETERINARIAN INFORMATION

Referring Veterinarian:_____Hospital Name:_____

## MEDICAL INFORMATION

Problem with eye:_____
_____
Circle The Affected Eye: Right Left Both Duration of signs:_____
Is your pet on any eye medications: Yes No If yes, please list them:_____
_____
Has your pet/patient had any problems/reactions with **ANY** Medications? Yes No
If yes, please list them:_____
Has your pet been diagnosed with diabetes? YES NO
Does your pet have heart problems?_____ Anesthesia problems?_____
Does your pet have any 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,rechecks and post operative) will have an exam fee.**

**PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED**

**Signature:_____ Date:_____**

Animal Eye Care OF RICHMOND
804.355.5594 · https://aecrichmond.com/
2861 Huguenot Springs Road Midlothian, VA 23113

**Richmond Office Hours:**
**Monday throughThursday 8:30am-4:30pm**

**Friday 8:30am-3:30pm**

**Charlottesville & Fredericksburg: Office Hours vary**

***Doctor's hours vary from our office hours***

- 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 +/- any diagnostic charges that are performed, 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:**_____

**2861 Huguenot Springs Road Midlothian VA 23113**
**370 Greenbrier Drive Suite B Charlottesville, VA 22901**
**712 Littlepage Street Fredericksburg, VA 22404**
**Phone 804-355-5594 Email aecrichmond@gmail.com**