



Have any of your pets been here in the past?

Yes No

New pet questionnaire

Please complete the following information...

Owner's last name: _____ Home telephone: _____

Owner's first name: _____ Mr. Ms. Mrs. Dr. Your Cell: _____

Spouse name: _____ Mr. Ms. Mrs. Dr. Spouse Cell: _____

Street: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work telephone: _____

Spouse's Employer: _____ Work telephone: _____

Pet's name: _____ Breed: _____ Color: _____

Age or Birth date: _____ Sex: () Male () Neutered male () Female () Spayed Female

Referring Veterinarian: _____ Hospital: _____

Alternate Veterinarian: _____ Hospital: _____

Please let us know the changes you have observed regarding your Pet's eyes...

- Which eye(s) have you noticed having problems? _____ Right Both left
- What changes did you observe? _____
- How long have the change(s) been present? _____
- Has your pet received therapy/medications for this problem? If so please list these medications: _____
- Other health conditions or medications? _____

Method of Payment? () Cash () Check () Visa/Mastercard () Discover () Care Credit

If you will be writing a check: Drivers License # _____ State Issued: _____ SSN: _____ - _____ - _____

I agree and understand that payment is expected in full at the time of services rendered. Should this account default and is referred to an attorney for collection, then I agree to pay all collection costs, including attorney fees, up to 40% of the principal amount due and owing when turned over for collection. I agree to pay interest on the unpaid balance at the rate of 1 and 1/2% per month (18% per annum) from the date that said monies become due and payable.

Signature of owner or authorized agent

date