



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