

How long has the problem been present? _____
Which eye is affected? RIGHT _____; LEFT _____; BOTH _____
Has the character of the eye problem changed since you first were aware of it? ____yes ____ no
If yes, please describe: _____

How well do you believe your pet sees?
Excellent: _____
Poor on all occasions: _____
Poor especially in: _____ dim light; or, _____ bright light
Poor in regard to: _____ near, or, _____ distant objects
Poor in regard to: _____ moving; or, _____ stationary objects

Do you have other pets? If so, name the type of additional pet(s), number, and whether or not they have eye problems.: _____

Do you know your pet's dam or sire? _____ yes _____ no
If yes, do either of them have any eye problems? _____ yes _____ no
_____ do not know

ESA-TREATMENT AUTHORIZATION

I hereby authorize Dr. Steven J. Dugan and his assistants to examine my animal. I understand that Dr. Dugan will inform me of the indications for possible complications of any medical and/or surgical procedures which he may recommend for diagnosis and/or treatment. I also understand that no medical or surgical treatment will be performed without my prior consent.

If you were referred to our hospital by another veterinarian, he/she will require a summary of your pet's care and treatment in order for your pet's care to continue without interruptions. Eye Specialists for Animals considers that the identification of a referring veterinarian implies your authorization to release records and information to that referring veterinarian.

FINANCIAL POLICY

Payment is due as services are rendered. You may pay by cash, personal check, Care Credit, VISA, or MASTER CARD. In order to avoid any misunderstandings, please let us know immediately if these terms are not satisfactory.

I understand that the owner is financially responsible to Eye Specialists for Animals for all applicable charges relating to this animal.

I have read and agree to the treatment authorization. I have also read the financial policy and understand my financial obligations.

Owner or Responsible Agent

Date