

NEW CLIENT QUESTIONNAIRE

Thank you for giving South Texas Veterinary Ophthalmology the opportunity to care for your pet. How did you hear about us? (circle)

Veterinarian Website Yelp Friend/Relative Other: _____

Referring Doctor: _____ Hospital: _____

Regular Doctor (if different than above): _____ Hospital: _____

Owner Name: _____

Spouse's name: _____

Are you Military? Yes No Texas Driver's License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Preferred Method of Contact: Email Phone Call Text Message

Employer: _____ Work Phone: _____

Emergency Contact Information in case we cannot reach you:

Name: _____ Phone: _____

ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.

In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all costs included in said unpaid balance, including a reasonable collection and/or attorney's fees.

PATIENT INFORMATION:

Pet Name: _____ Dog Cat Other: _____

Breed: _____ Color: _____

Sex: Male Female Spayed/Neutered: Yes No

Age / Date of Birth: _____

Please complete both sides of the questionnaire. Answer all questions to the best of your knowledge.

Owner Name: _____ **Pet Name:** _____

1) Describe the reason for your visit: _____

2) Which eye(s) is (are) involved? Right Left Both

a. If both eyes are involved, which eye was involved first? Right Left Both

3) Onset of eye condition: Sudden Gradual

4) When did you first notice the problem? _____

5) Is your pet currently being treated for this problem? Yes No

a. Treatments (please include medication names and frequency):

b. Have the treatments helped? Yes No

please explain: _____

c. When did your pet receive treatment last and what was it?

6) Do YOU FEEL your pet is in pain? Yes No

a. If yes, why do you feel this way? _____

7) Does your pet sleep with their eyelids.... Open Partially open Closed Unknown

8) Does your pet have trouble seeing? Yes No

a. If yes, does your pet have trouble seeing in surroundings that are:

Familiar Strange Both

b. Have you noticed that your pet's vision is worse at a particular time of the day?

Worse at night Worse during the day No difference Unknown

9) Is your pet mostly: Indoors Outdoors Partly in and out

10) Describe your pet's diet (type and amount): _____

a. Treats? _____

11) Is your pet Diabetic? Yes No Unknown

a. Is the diabetes controlled? Yes No Unknown

b. Type of Insulin: _____ Amount: _____

Frequency: _____

12) Have you noted any change in urination? Yes No

c. If yes, please describe: _____

13) Have you noted any change in the amount of water your pet drinks? Yes No

a. If yes, please describe: _____

14) Has your pet had any other eye problems? Yes No

a. If yes, please describe: _____

15) Does your pet have any other medical problems? Yes No

a. If yes, please list: _____

16) Is your pet on any other medications other than what is listed above? Yes No

a. If yes, please list: _____

17) Does your pet exhibit any other signs of illness?

Vomiting Coughing Sneezing Loss of Balance/Coordination

Diarrhea Lameness Head Tilt Change in weight / appetite

Weakness Seizures Personality Change

Other: _____

18) Do you know your pet's parents? Yes No

a. If yes, do they have eye problems (explain)? _____

19) Is your pet current on vaccinations? Yes No

a. Has your pet had a canine Bordetella vaccine in the past 6 months? Yes No

This hospital treats many patients that are ill. Please be aware that if your pet's Bordetella vaccination is not current, he/she may be at risk of contracting kennel cough. Unfortunately, being vaccinated does not protect your pet from every strain of Bordetella that could be contracted; so on occasion a vaccinated animal can develop kennel cough.

We work hard to sterilize and disinfect all of our spaces and equipment; however, kennel cough spreads through the air. With the added factor of ill pets having decreased immune systems, we want you to be aware of the risks associated with kennel cough.

Signature of Responsible Party: _____

Date: _____

South Texas Veterinary Ophthalmology strives to educate clients, veterinary professionals, and students on ocular diseases. Photographs and videos of ocular disease have proven to be most helpful in documenting progress and outcomes. Pictures and/or videos of your pet's eye(s) would aid in educating as well as documenting the progress of your pet's ocular issues. Your name and your pet's name will not be used in order to keep information private.

In signing this consent, I hereby grant South Texas Veterinary Ophthalmology permission to use any photographs and/or videos taken of my pet, in any and all of its publications, including the website entries, without payment or any other consideration. I understand and agree that these materials will become the property of South Texas Veterinary Ophthalmology and will not be returned.

I hereby authorize South Texas Veterinary Ophthalmology to edit, alter, copy, exhibit, publish, or distribute this photo and/or video for purposes of publicizing their programs or for any other lawful purpose. In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby release South Texas Veterinary Ophthalmology from all claims, demand, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have reason of this authorization.

_____ I accept

_____ I decline

Pets Name: _____

Owners Name: _____

Signature: _____

Date: _____