



## OPHTHALMOLOGY FOR ANIMALS, INC CLIENT/PATIENT INFORMATION

_____ Last Name	_____ First Name	_____ Spouse/Partner/Other Agents
_____ Street Address	_____ City	_____ State and Zip
_____ Home Phone	_____ Work Phone	_____ Cell Phone
_____ Occupation	_____ Drivers License	_____ Email

\_\_\_\_\_  
Primary Veterinarian/Clinic

Pet Name(s)		
Birth Date		
Dog/Cat/Other		
Breed		
Color		
Sex		
Spayed/Neutered		

Does the pet we are seeing have any other problems? If so, please explain briefly.

\_\_\_\_\_

We value your bond with your primary veterinarian. A referral to a specialist indicates your veterinarian's concern for your pet. Your veterinarian will be provided with a report of your visit to ensure continuity of care. During your treatment with us, Ophthalmology for Animals cannot provide general veterinary care for your pet with the exception of emergency care. The ophthalmologist will inform you of prognosis and anticipated recovery time. In general, we recommend that you follow up with us for the presenting problem so we can accurately assess your pet's progress and direct his/her recovery.

*In order to assure an optimum care provider-patient relationship, please comply with the following instructions:*

- ♦ *Arrive promptly for your appointment time. The time given is reserved just for you.*
- ♦ *The office requires 24HOUR notice if you cannot keep your appointment or need to reschedule an appointment. If you do not give us a 24 hour notice this will be considered a failed appointment, which may result in a \$50 failure fee which you must pay before another appointment is scheduled.*

***I, authorize Ophthalmology for Animals to request my pet's medical records from my veterinarian and to release a report of ophthalmic findings to my veterinarian. I, the undersigned owner or agent of the owner, understand that payment is expected when services are performed. I will provide payment via cash, check, CareCredit, Visa, MasterCard, Amex, or Discover credit card.***

\_\_\_\_\_  
Owner's/Agent's Signature

\_\_\_\_\_  
Date