



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/Age		
Dog/Cat/Other		
Breed		
Color		
Sex		
Spayed/Neutered		

Does the pet we are seeing today 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 \$100 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 also allow the use of my pet's medical information to be shared for analysis in retrospective studies that will help further the understanding and study of similar ophthalmic conditions. 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