



Have any of your pets been here in the past?  YES  NO

## New Pet Questionnaire

Please complete the following information...

Owner's last name: \_\_\_\_\_.

Owner's first name: \_\_\_\_\_  Mr.  Ms.  Mrs.  Dr. Your cell: \_\_\_\_\_ Cell carrier: \_\_\_\_\_.

Spouse's first name: \_\_\_\_\_  Mr.  Ms.  Mrs.  Dr. Spouse's cell: \_\_\_\_\_ Cell carrier: \_\_\_\_\_.

Home telephone: \_\_\_\_\_ Email: \_\_\_\_\_.

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_.

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_.

Spouse's Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_.

Discharge and receipt preference:  Email  Print Appointment confirmation preference:  Email  Text

Pets 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? Circle one:      Right      Left      Both
- 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? \_\_\_\_\_

*We love sharing photos of our patients and their stories on our social media, website, and educational presentations.  
Please let a team member know if you do not wish to have your pet's image shared publicly.*

Method of payment?  Cash  Check  Visa/Mastercard/Discover  American Express  Care Credit

If you will be writing a check: Driver's 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 1.5% per month (18% per annum) from the date that said monies become due and payable.

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Date