



Comprehensive Eye Care for Animals  
David T. Ramsey, DVM, Diplomate, ACVO

APPOINTMENT INFORMATION:

DAY: M T W TH DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ AM / PM

NEW CLIENT FORM

Thank you for choosing The Animal Ophthalmology Center. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. Please be aware that we are not a 24-hour emergency facility, as we only have one ophthalmologist on staff. Our hours are Mon-Thurs. 8am-5pm. We are closed Fri, Sat and Sun. If an emergency should arise after hours, please contact your primary veterinarian for a referral to an emergency clinic nearest you. To help us provide effective service, please complete the following information: **PLEASE REFRAIN FROM WEARING SCENTED PRODUCTS (lotions, perfumes, essential oils, etc) TO YOUR APPOINTMENT. If scented products are worn to the appointment, Dr Ramsey may have to examine your pet in another area of the hospital-THANK YOU for your cooperation!!!!**

Client/owner name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address (used for appointment reminders only): \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Hospital: \_\_\_\_\_

Patient name: \_\_\_\_\_ Dog/Cat/Other: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ Sex: M MN F FS Color: \_\_\_\_\_

**Patient's Temperament:** PLEASE inform us PRIOR to exam if your pet may become nervous with restraint or close contact so that we may have you place a muzzle. Even if your pet has never snapped at, or bitten anyone before, our exam requires us to be eye-to-eye with your pet, and can cause some pets to become nervous and/or anxious. Please understand that this is for our protection and will not harm or traumatize your pet in any way. If your pet shows ANY sign of fear or aggression (growling, showing teeth, etc) we will require a muzzle be placed to complete our exam. If you are unable to muzzle your pet when necessary, please understand that we may be unable to attempt or complete an exam. Thank you for your cooperation and understanding!! **IF YOUR PET MAY BECOME AGGRESSIVE AROUND OTHER PETS/HUMANS, PLEASE CHECK IN WITHOUT YOUR PET SO THAT WE CAN MAKE SURE AN EXAM ROOM IS AVAILABLE TO AVOID ALTERCATIONS IN THE LOBBY.**

Circle one:      good                      nervous/needs muzzle      may bite/needs muzzle      will bite/needs muzzle

**\*PAYMENT IN FULL IS EXPECTED UPON COMPLETION OF THE VISIT\***

- Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®
- CareCredit® (6 MONTH NO INTEREST ON ALL AMOUNTS over \$200 or 24-60 MONTH TERMS WITH 14.9% AMOUNTS OVER \$1000. APPLY AT CareCredit.com)

**Additional Policy Information:** The Animal Ophthalmology Center charges a fee of \$65 for clients who fail to cancel or no-show to their appointment without providing 24 hours notice. Clients who "No-Show/No Call" for their appointment WILL NOT BE RESCHEDULED FOR FUTURE APPOINTMENTS.

**Release:** I authorize and direct Dr. David Ramsey to diagnose, prescribe, perform minor therapeutic procedures, and that his judgment may dictate to be advisable for the patient's well being. No warranty or guarantee has been made as to the result or care.

Client/Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

1300 W. Grand River Ave./M-43 Williamston, MI 48895 ~please use our directions found at: [www.eye-vet.com](http://www.eye-vet.com) 517-655-2777

**\*\*GPS USERS\*\*** our physical address does not always work with GPS, we recommend this address instead (our parking lot entrance is located off this side street, so usually works better): **101 Church Hill Downs Blvd. Williamston, MI 48895-PLEASE VISIT OUR WEBSITE TO COMPARE YOUR GPS DIRECTIONS WITH OUR WRITTEN DIRECTIONS. GPS MAY NOT BE 100% RELIABLE USING EITHER ADDRESS!!!!**

## Initial Eye Exam History

1. **Has either eye had any problems prior to this current eye problem?**
  
2. **What eye(s) currently has (have) the problem?**
  
3. **Does your pet sleep with eyelids.....**    Open    Partially Open    Closed    Do not know
  
4. **Why do you believe there is an eye problem?** (Please circle RIGHT, LEFT, or BOTH for each question and check boxes where appropriate).
  - a) The RIGHT/LEFT/BOTH pupils have changed in size.     larger     smaller
  - b) The RIGHT/LEFT/BOTH has (have) an eye discharge.
    - a. The discharge is (was):
   
  
 watery    thick, viscous    clear    white/grey    yellow/green    rust/brown/black
  - c) The RIGHT/LEFT/BOTH is (are) held partially closed or squinted.
  - d) The RIGHT/LEFT/BOTH has (have) changed in overall color.
  - e) The vision in the RIGHT/LEFT/BOTH seems to be:     blind     diminished
    - a.  During the day     At night     Both
  - f) The RIGHT/LEFT/BOTH eye(s) are rubbed with a paw or along carpet or furniture.
  
5. **Does your pet exhibit any of these signs associated with vision loss? (check all that apply)**
  - Runs into unfamiliar objects.... “acts blind when not at home”
  - Refuses to move ....“lethargic, doesn’t want to play”
  - Refusal to move in darkness.... “won’t go down stairs”
  - Unable to locate moving or stationary object.... “won’t catch a treat”
  - Unwilling to jump or climb.... “won’t jump on or off furniture”
  - Develops aggressive behavior.... “now barks at me until he hears my voice”
  - Seeks security.... “stuck to me like glue”
  - Altered gait.... “walks very slowly, very tentative”
  - Head carried low....“constantly sniffs the ground to navigate”
  - None of the above
  
6. **Travel History/Other:** \_\_\_\_\_

**7. Does your pet....**

- |                       |               |                |
|-----------------------|---------------|----------------|
| a) Drink excessively? | Yes           | No             |
| b) Eat excessively?   | Yes           | No             |
| c) Seem to be         | losing weight | gaining weight |

**8. Has your pet ever had ear problems?**

- |  |       |      |      |
|--|-------|------|------|
|  | Yes   | No   |      |
| a) If yes, which ear(s)?                 | Right | Left | Both |
| b) If yes, how long ago?                 |       |      |      |
| c) Does he shake his head?               | Yes   | No   |      |
| d) Does he walk around with a head tilt? | Yes   | No   |      |
| a. If yes, does the head tilt to the:    | RIGHT | LEFT | BOTH |

**9. Has your pet ever had a ....(check all that apply)**

- Dental Cleaning
- Bad tooth or periodontal disease
- Hyperthyroidism or other hormone related disease
- Hypertension
- Bladder or other urinary tract disease
- Pancreatitis
- Liver disease
- Gastrointestinal disease (vomiting &/or diarrhea)
- Nervous system disease
- Upper respiratory disease
- Other, Describe \_\_\_\_\_

**10. Does your pet play aggressively with toys? (toy shaking/toy killing)**

Yes                      No

**11. Is current (performed within the last 2 months) lab work available?**

Yes                      No

**12. Current treatment being administered**

Antibiotics: \_\_\_\_\_ times/day

Steroids: \_\_\_\_\_ times/day

Other: \_\_\_\_\_ times/day

Other: \_\_\_\_\_ times/day

**13. Other**

**Comments:** \_\_\_\_\_

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