

Owner's name: _____ Pet's name: _____ Date: _____

Please describe your animal's eye problem, circle all that apply:

Loss of vision

Abnormal color

Cloudiness

Pain/squinting/rubbing

Discharge (yellow, green, white, grey, clear, brown)

Which eye(s) are involved? Right, Left, Both

How long has this problem been going on? Is it worse, better or the same?

Please list all eye medications which have been used and frequency:

Is your pet on any other medications (not for the eye), please list:

Does your pet have any other illnesses?

Has your pet been drinking or urinating more than usual? YES/ NO *If yes, which?*

How is your dog's appetite? Increased? Decreased?

Has your pet been or had:

Coughing? YES/NO Sneezing? YES/NO Vomiting? YES/NO Diarrhea? YES/NO

Has your pet ever traveled outside California? Where?

Are there any other animals in the house? What? How many?

Please choose the best description of your pet's vision (circle):

Excellent vision

Moderate vision

Poor vision

Complete blindness

Poor night vision

Poor day vision

Is your pet current on vaccines? YES/NO

Has your pet had any previous eye problems? Describe?