

Ophthalmology New Client and Referral Information

Client Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

Patient Name: _____

Species: Canine ___ Feline ___ Equine ___ Other. If other, please specify: _____

Breed: _____

Sex: Male ___ Female ___

Please indicate if your pet is Spayed ___ or Neutered ___ otherwise, please leave blank.

Age: _____

Color: _____

Referring Veterinarian: _____

Referring Veterinarian Phone Number: _____

If you do not have a referring veterinarian, please check here ___

Please complete the following questionnaire for the pet we are examining today

Please list any allergies your pet has: _____

Please list medications your pet is taking: _____

Initial Eye Exam History

1. Which eye is currently having a problem? Right ___ Left ___ Both ___

2. Please describe the nature and duration of the current eye condition: _____

3. Please describe any eye problems your pet has had in the past? Indicate which eye and the duration of the problem: _____



REFERRAL POLICY

Please read thoroughly before signing.

The following guidelines regarding your referral are very important.

Your veterinarian referred you to our practice for specialty treatment in the field of veterinary ophthalmology OR you were not directly referred but have a primary veterinarian that you will be returning to for routine care. Therefore, your pet will only be evaluated for the problem for which it was referred. Under no circumstances, unless in an emergency situation, will we accept your pet for unrelated problems unless your pet is a pre-existing patient to this practice.

Please note that because of our unique specialty in veterinary ophthalmology, we are not able to provide any routine services such as vaccinations, boarding, bathing, spays, neuters, nail clipping or other routine care.

Your primary veterinarian will receive correspondence from us regarding your visit. This is critical for continuity of care and completeness of your pet's medical history.

By Signing below, this will give Animal Eye Guys permission to release medical records to 3rd parties; including but not limited to insurance companies, RDVMAs and specialists. This will also give permission to Animal Eye Guys or any of its affiliates to use any pictures or videos for marketing purposes.

Your understanding and cooperation is appreciated.

I have read and understand the referral policy.

Primary Veterinarian: _____

Primary Hospital: _____

I do not have a veterinarian: _____

Client Signature / Date



INITIAL EXAM CHARGES

- The medical examination with the doctor in our primary locations, Miami Gardens, Fort Lauderdale and Miami Bird Road locations is \$95.00
- The medical examination with the doctor at any of our satellite locations (Miami Beach Animal Wellness Center, South Miami SVRC, Coral Springs Animal Hospital, and Palm Beach Veterinary Specialists) is \$130.00
- Recheck/Follow Up Exams will be \$75.00 at our primary locations or \$85.00 at our Satellite locations.
- Animal Eye Guys only accepts credits cards, Care Credit and cash, please no checks. Care Credit has a minimum of \$500
- In the event you are seeing the doctor as an urgent care visit, the consultation with the doctor is \$135.00 or if you are seeing the doctor as an emergency, the consultation with the doctor is \$245.00.

To provide the best care for your pet and assist in the diagnosis and treatment of your pet's condition, there are a few diagnostic tests that will be performed if deemed necessary by the doctor. The cost for each test is not included in the cost of the medical exam with the doctor.

These tests are the following:

- **Schirmer Tear Test** - \$30 (Tear production test)
- **Fluorescein Stain** - \$30 (A dye used to illuminate corneal ulcers and other corneal defects)
- **Tonometry** - \$35 (Used to check the pressure inside the eye)

All medications, further diagnostics, surgical procedures and medical progress examinations are additional, and will be discussed with you.

By signing below, I agree and understand all the above information.

Client Signature / Date

