



## Ophthalmology New Client and Referral

**Client Name:** \_\_\_\_\_ **CURRENTDATE:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Patient Name:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Species:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Breed:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Responsible Party:** \_\_\_\_\_ **Color:** \_\_\_\_\_  
**Weight** \_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_

**Referring Veterinarian:** \_\_\_\_\_

**Referring Veterinarian Hospital:** \_\_\_\_\_

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

4. Does your pet sleep with his eye: Open\_Partially open\_\_\_\_Closed\_\_\_\_Unsure \_\_\_\_

5. Please check all that apply:

- \_\_\_\_a. My pet runs into objects in unfamiliar areas.
- \_\_\_\_b. My pet refuses to move around or is sleeping more than usual.
- \_\_\_\_c. My pet is unwilling to jump or climb.
- \_\_\_\_d. My pet is not playing with his toys.
- \_\_\_\_e. My pet does not move around and/or has trouble seeing in the dark.
- \_\_\_\_f. My pet's personality has changed.
- \_\_\_\_g. My pet is walking differently.

\_\_\_\_h. My pet has trouble seeing in bright light.

\_\_\_\_i. Other, please describe: \_\_\_\_\_

6. Please let us know where your pet has traveled: \_\_\_\_\_

\_\_\_\_\_

7. Have you ever found a tick on your pet? \_\_\_\_\_

8. Please describe any other symptoms your pet is exhibiting: \_\_\_\_\_

\_\_\_\_\_

9. Is your pet current on vaccines? Yes \_\_\_ No \_\_\_ Due \_\_\_ Unsure \_\_\_

10. Please describe any recent lab work or dental procedures performed on your pet: \_\_\_\_\_

\_\_\_\_\_

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## 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, RDVMs and specialists.

Your understanding and cooperation is appreciated. I have read and understand the referral policy.

Primary Veterinarian:

Primary Hospital:

I do not have a veterinarian: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## EXAM CHARGES AND DEPOSITS

- The initial medical examination with the doctor in our primary and satellite locations is \$140.00. Our locations include Miami Gardens, Fort Lauderdale, Miami Bird Road, Emergency Pet Hospital of Collier County, Animal ER of SW Florida, VCA Palm Beach Veterinary Specialists and Coral Springs Animal Hospital (+ diagnostics if any).

- Recheck/Follow Up Exams will be \$90.00 at our primary and satellite locations (+ diagnostics if any).

-In the event you are seeing the doctor as an urgent care visit, the consultation with the doctor at our primary and satellite locations is \$175.00. If you are seeing the doctor as an emergency, the consultation with the doctor ranges between \$250.00 and \$400.00. (all + diagnostics if any)

### Deposit Policy

- All appointments that are cancelled with less than 24 hours of notice will require a deposit of the cost of the exam fee, excluding diagnostics, at the time of rescheduling.

- All Saturday Appointments require a deposit of the cost exam fee, excluding diagnostics, at the time of scheduling.
    - If the appointment is rescheduled prior to 24-hours of the scheduled appointment time, the deposit fee will be applied to the new appointment. This allows patients on the waiting list an opportunity to be medically evaluated.
    - If an appointment is missed or is not rescheduled prior to 24-hours of the appointment time the deposit is forfeited.
- Funds retained for missed appointments allow us to provide medical care for certified rescue and wildlife organizations.

**-Animal Eye Guys only accepts credits cards, Care Credit and cash, please no checks. Care Credit card holder must be present to pay with two forms of ID.**

***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** - \$32.00 (Tear production test)
- **Fluorescein Stain** - \$32.00 (A dye used to illuminate corneal ulcers and other corneal defects)
- **Tonometry** - \$37.00 (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 to all the above information.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

