

ANIMAL EYE SPECIALISTS
NEW CLIENT & PET REGISTRATION FORM

Thank you for the following information...

Owner's name (first & last): _____ Home phone: _____
Additional Owner's name: _____ Work phone: _____
Street Address: _____ Cell phone: _____
City, State, Zip: _____ Cell number (additional): _____

Pet's name: _____ **Breed:** _____ **Sex:** (circle) *Male Male Neutered Female Female Neutered*
Age or Birth Date: _____

Referring Veterinarian: _____ Hospital: _____
Alternate Veterinarian: _____ Hospital: _____

Please tell us about your pet's eye problem

1. Which eye(s) have you noticed having problems? Right Left Both

2. What changes did you observe? How long have the changes been present?

3. Has your pet received therapy/medications for this problem? Yes No Did any of the previous medications help your pet? Yes No

If so, which medications helped your pet(s)

4. Other health conditions or medications _____

Missed Appointment Policy: A missed appointment is a loss for everyone; your pet whom we were scheduled to help, the pet whose visit could not be scheduled, and the doctors and staff who had reserved their time to assist your pet. For these reasons we REQUIRE a 24-hour notice if you can't make your pet's appointment. We understand that there can be occasional unforeseen circumstances, but we reserve the right to charge for missed appointments.

Payments: Payment in full is due at the time services are rendered. If your pet needs a surgical or other procedure you may be asked for a deposit at the time the surgery appointment is scheduled. Animal Eye Specialists accepts cash, checks, debit cards, Visa, Master Charge, American Express. For Care Credit and Payment Banc options; please consult the staff.

Owner or Agent Signature _____ **Date:** _____