

Ophthalmology Client Communication Sheet for Drop-off Patients.

Name _____

Date _____

What are your pets eye problems for today?

Current Medication & When was it last administered:

Do you need a refill of Medication (if yes, which medication?)

Which eyes were treated? Right/ Left/ Both

Is the eye Condition?

Better/ Worse/ Same

Vision?

Normal/ Reduced/ Blind

Please Turn over

Please circle any of the following symptoms that your pet has.

**Rubbing eyes Redness Squinting Mucous Discharge or
Tear Discharge**

Other _____

Is you pet eating and drinking normally? If no Please describe:

Any other concerns or question you would like the doctor to address?

What phone number can we reach you at today?

Home/Work/ Other

If other _____

What time do you plan on picking up your pet today?

(Unless arranged- Please plan to pick up by 6pm)