



Animal Eye Specialists

401 W. President George Bush Hwy, Ste. 113

Richardson, TX 75080

Phone: (972) 437-3937 Fax: (972) 437-3938 www.peteyevet.com

Owner Information:

Name: _____
(First Name) (Last Name)

Spouse/Partner: _____
(First Name) (Last Name)

Address: _____

(City) (State) (Zip)

Cell Phone: _____ Spouse/Partner: _____

Work Phone: _____ Home Phone: _____

Email Address: _____
(for reminders and other important info. We promise not to fill your inbox)

How did you hear about us?

- | | | | |
|--------------------------|-------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Primary Vet | <input type="checkbox"/> | Personal Recommendation |
| <input type="checkbox"/> | Internet | <input type="checkbox"/> | Facebook/Google + |
| <input type="checkbox"/> | Drive By | <input type="checkbox"/> | Other: _____ |

Patient Information:

Name: _____ Age (DOB): _____

Species: Canine Feline Other: _____

Breed: _____ Color: _____

Sex: Neutered Male Spayed Female
 Intact Male Intact Female

Please list any non-eye related health concerns: _____

Primary Veterinarian:

Doctor's Name: _____ Clinic: _____

Please read carefully the following policies and initial beside them.

Payment Policy:

1.) Payment is due at the time services are rendered. Forms of accepted payment include: Cash, Visa, Mastercard, Discover, and Debit cards. Please note, **WE DO NOT ACCEPT CHECKS**. The initial exam fee of \$165 includes a thorough exam and three standard diagnostic tests. Any additional tests or medications will result in extra costs.

Initial

Social Media/Use of Photos:

2.) I authorize Animal Eye Specialists, PLLC, to use my pet's information and medical history for use on their website and other social media outlets including but not limited to; Facebook, Twitter, Instagram, and blogs. I understand that consent is strictly on a voluntary basis.

Initial

Owner/Responsible Party: _____ Date: _____