



ATLANTA VETERINARY
EYE CLINIC

Patient Ophthalmic History

Owner's Name _____

Date _____

Pet's Name _____

Breed _____ Age _____

1. What led you to believe your pet has an eye problem?

_____ Loss of vision

_____ Eye discharge

_____ Peculiar color to eye(s)

_____ Eye held closed

_____ Veterinarian noted problem

_____ Other _____

2. How long has this problem been present?

3. Which eye is affected? Right _____ Left _____ Both

4. Has the character of the eye problem changed since you were first aware of it?

Yes _____ No _____

How? _____

5. Have previous eye medications been utilized? Yes _____ No

If so, what were they?

6. Your pet's eye sight seems to be:

_____ Excellent _____ Poor on occasions

_____ Good _____ Poor especially in dim or dark light

_____ Other _____

7. Do you have any other pets? Yes_____ No_____

8. Do you know your pet's dam or sire? Yes_____ No_____

9. Has your pet had any eye problems in the past? Yes_____ No_____

10. Is your pet receiving any other medications?
Yes_____No_____

If so, what is the medication?
