



Eye Form

Patient Name: _____ Date: _____

What is your primary concern with the eye(s)? _____

How long has your pet been having the problem? _____

What changes do you see as a problem: discharge ___ squinting ___ cloudy ___

hair loss ___ redness ___ loss of vision ___ Rubbing eye ___ Swelling ___

If your pet is having eye discharge, what does it look like-check all that apply

Clear ___ Grey ___ Yellow ___ Green ___ Brown ___ Bloody ___

Has your pet been on eye meds in the past? _____ if yes, which ones

Was there improvement with these meds: _____

Does your pet have any other illnesses such as:

Diabetes ___ Heart murmur ___ Kidney disease ___ seizures ___ other _____

Has your pet had any following signs:

Decrease in activity level ___ Decrease in appetite/ thirst ___ Increase in appetite/ thirst ___

Diarrhea ___ Vomiting ___

Any other animals in the household? Yes, what types _____

Cats: Any history of an upper respiratory infection? _____ When? _____

