



# Gulf Coast Animal Eye Clinic, P.C.

## New Client Form

### Client Information

Owner's Name

Address City State Zip

Home Phone Cell

Employer Work Phone

Spouse Employer Work Phone

### Pet Information

Name of Pet Dog/Cat/Horse/Other

Breed Color

Age or Date of Birth Sex Spayed or Neutered

### Referring Veterinarian

Referring Veterinarian Hospital

Primary Veterinarian Hospital  
(if different from above)

Date Master Problems

The doctor will fill out this section.

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**Gulf Coast Animal Eye Clinic, P.C.**  
**Ophthalmic History**

Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Pet's name: \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

How long has your pet been in the Houston area? \_\_\_\_\_

Is your pet on any medication for the eye (oral or topical)?

\_\_\_\_\_  
Please list any other medications your pet may be on.

Is your pet having any increase in water consumption?  Yes  No

Urination frequency?  Yes  No

Has your pet ever had any adverse reactions to vaccinations?  Yes  No

Any medications?  Yes  No

Has your pet exhibited any of the following in the last two weeks?

Vomiting \_\_\_\_\_ Diarrhea \_\_\_\_\_ Coughing/Sneezing \_\_\_\_\_

When was the eye problem first noticed? \_\_\_\_\_

Which eye is affected? Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_

Is there any discharge from the affected eye? \_\_\_\_\_

Please describe the type and character of the discharge. \_\_\_\_\_

Do you feel your pet's vision is worse? \_\_\_\_\_ If so would you characterize the vision as worse in

bright light? \_\_\_\_\_ dim light? \_\_\_\_\_ both? \_\_\_\_\_ Don't know \_\_\_\_\_

Please describe what abnormalities in particular you have noticed about the eye(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_