

NEW PATIENT INFORMATION

OWNER'S NAME

(Dr./Mr./Mrs./Ms.) _____
First Name Last Name

OWNER'S NAME

(Dr./Mr./Mrs./Ms.) _____
First Name Last Name

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ **MOBILE** (____) _____ **FAX** (____) _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE (____) _____ **FAX** (____) _____

OCCUPATION _____

HOW DID YOU HEAR ABOUT AMERICAN ANIMAL EYE CARE CENTER?

PATIENT'S NAME _____ **DATE OF BIRTH** _____

DOG _____ **CAT** _____ **BREED** _____ **COLOR** _____

SEX: FEMALE _____ SPAYED FEMALE _____ MALE _____ NEUTERED MALE _____

REFERRING DOCTOR: _____

First Name Last Name

HOSPITAL: NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (____) _____ FAX (____) _____

Note: American Animal Eye Care Center provides after hours service for emergencies



TERRI GIBSON, DVM, MS
Diplomate, American College of
Veterinary Ophthalmologists

PAYMENT PREFERENCE (Circle One) CASH _____ CREDIT CARD _____ CHECK _____
VISA/MC/AM EX/DISCOVER

IDENTIFICATION FOR CHECKS:

In State Driver's License _____ / _____
Number Expiration

DL Verified by: _____

CREDIT CARD NUMBER IN LIEU OF A DEPOSIT FOR UNGUARANTEED CHECK
AS PER CALIFORNIA CODE SECTION 1725:

VISA/MC/AM EX/DISCOVER: _____ / _____
(Circle One) Number Expiration

CC Verified by: _____

PAYMENT IS DUE AND EXPECTED WHEN SERVICES ARE RENDERED. PLEASE DO NOT ASK
FOR CREDIT, AS A REFUSAL MAY OFFEND. _____ Initial

*A fee is charged as posted for missed appointments (24 hour cancellation notice required, given during
office hours). _____ Initial

*All medication sales are final as returns are not permitted by Federal law. _____ Initial

*A signed authority is required for all credit card purchases of mailed medications.

Dishonored checks are dealt with under chapter 522, Section 1719 of the California Civil Code. Client
agrees that venue for all matters arising from this agreement relating to services and supplies provided
by American Animal Eye Care Center, returned client checks, or dishonored client credit cards, lies
exclusively in City of Fullerton, Orange County, California.

- A service charge of 1.5% per month, compounded monthly, applies to any outstanding balances
A fee of \$35.00 is charged for returned checks

I understand and agree that no warranty or guarantee of any kind is associated with any
therapy delivered or recommended by American Animal Eye Care Center.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND AGREE TO COMPLY

Authorized Owner's or Agent's Signature Date

Authorized Owner's or Agent's Signature Date

EYE HISTORY

To help us assist your pet, please answer these questions. Thank you.

How can you tell your pet has an eye problem?

- Loss of vision
- Peculiar color What color? _____
- Eye held closed
- Eye discharge Yellow Watery Gray
- Veterinarian noticed the problem

How long has the problem been present? _____

Which eye is affected? Patient's left eye Patient's right eye Both

Has the appearance of the eye or eyes changed since you first noticed it?

No Yes How? _____

How is your pet's vision?

- Excellent Poor on all occasions
- Poor in dim light, at dusk or in darkness
- Other _____

What have you treated the eye with? _____

What other medications is your pet taking now? _____

Do you have other pets with eye problems? No Yes

What type of problems? _____

What other medical or surgical conditions does your pet have?

How would you describe your relationship with your pet?

- Friend and companion Guard dog Working dog
- In your words _____

What would you like from your visit to American Animal Eye Care Center?

- Diagnosis and Treatment Diagnosis only
- Other _____

Do you wish to have pain killers administered if they should become necessary in the Doctor's opinion during treatment at American Animal Eye Care Center?

Yes No

Minor additional, *necessary* tests are *sometimes* required during the examination. The cost of these tests, above your consultation fee, are posted on the pink fee schedule on the counter in front of you. Please read it and if you wish to place a limit on any tests please indicate that limit here \$_____. If you do not want additional tests done, please initial here _____. Your pet's records remain confidential unless you indicate otherwise in writing as required by California Business and Professions Code Sec 4857.