

# Animal Eye Care - History Questionnaire

Owner's name:

Pet's name:

Date:

Please describe your animal's eye problem:

loss of vision

abnormal color

cloudiness

pain

Discharge

vet noted problem

How long has this problem been going on?

Which eyes are involved?

right

left

both

How has the condition changed since you first noticed it?

Please list all eye medications, which have been used:

Does your pet have any other illnesses?

Please list any other medications your pet is being treated with:

Has your pet been drinking or urinating more than usual?    Yes    No

Has your pet been coughing?    Yes    No

Please choose the best description of your pet's vision:

excellent vision

moderate vision

poor vision

complete blindness

poor night vision

poor day vision

Has your pet had any previous eye problems?

Diet:

lamb

chicken

beef

other