

# ANIMAL OPHTHALMOLOGY CLINIC, LTD.

## CLIENT HISTORY QUESTIONNAIRE

Owner's Name: \_\_\_\_\_ DL#: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Animal: \_\_\_\_\_ Referring Veterinarian: \_\_\_\_\_  
Species:  Dog  Cat  Horse Other: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Color: \_\_\_\_\_ Neutered:  Yes  No

Please complete both sides of the following questionnaire. Answer all questions to the best of your knowledge. Approximate dates are acceptable. Thank you for your help.

1. Describe the complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Which eye(s) is (are) involved? (circle one) R L Both

3. If both are involved, which was involved first? (circle one) R L Both

4. Onset: (check one)  sudden  gradual

5. When did you first notice the problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does your pet have trouble seeing? \_\_\_\_\_ If so, describe the extent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you noticed that your pet's vision is worse at a particular time of the day or night or in bright or dim lighting conditions?  
\_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

8. Is the problem worse at certain times of the year than others? \_\_\_\_\_  
\_\_\_\_\_

9. Is the problem painful or irritating to your pet?

10. Do you know of animals related to your pet which have similar problems?

If so, how are they related?

11. Is your pet mostly: (check one)  indoors  outdoors  partly in and out

12. (a) Do you have small children in the household? (check one)  yes  no

(b) Do you have other pets in the household?

Do they have similar eye problems?

Do they have other illnesses?

13. Describe the pet's diet (type and amount):

14. Have you noted any changes in the amount of water your pet drinks? (check one)

Increased  Decreased  No change  Don't know If so, please describe the degree of change:

15. Have you noticed any changes in urination? If so, please describe:

Does your pet have accidents in the house?

16. What treatment(s) has your pet received, and how long has it been receiving the treatment(s)?

17. Have the treatments helped?

18. When did your pet last receive treatment and what was it?

19. Does your pet have any other medical problems?

20. Does your pet show any other abnormal signs?