



**NORTHWEST  
ANIMAL EYE SPECIALISTS**  
WE SHARE YOUR VISION.

13020 NE 85th Street  
Kirkland, WA 98033  
**PH: 425-827-3966**  
**FAX: 425-827-1422**  
[northwestanimaleye.com](http://northwestanimaleye.com)

DATE:

**HISTORY**

Pet's Name:

1. Has your pet ever traveled outside of Western Washington? Yes  No  If so, where?

2. What led you to believe that your pet has an eye problem?

Loss of vision <input type="checkbox"/>	Change in color or cloudiness of the eye(s) <input type="checkbox"/>
Eye discharge <input type="checkbox"/>	Problem detected by your veterinarian <input type="checkbox"/>
Squinting <input type="checkbox"/>	Other <input type="checkbox"/>

3. How long has this problem been present?

4. Which eye is affected? Right  Left  Both

5. Has the eye problem changed since you first became aware of it? Yes  No

If so, how has it changed?

6. Have you treated the eyes with anything? Yes  No

If so, please list all medications and how often used. Check each medication that seemed to benefit your pet.

Medication #1	How often used?
Medication #2	How often used?
Medication #3	How often used?
Medication #4	How often used?

7. Your pet's vision seems to be:

Excellent <input type="checkbox"/>	Poor, especially in bright light <input type="checkbox"/>
Poor on occasions <input type="checkbox"/>	Poor, in regards to near objects <input type="checkbox"/>
Poor, especially in dim or poor lighting conditions <input type="checkbox"/>	Poor, in regards to far objects <input type="checkbox"/>
	Completely absent <input type="checkbox"/>

8. If your pet is a cat, is it: Indoor only  Indoor/Outdoor  Outdoor only

9. Do you have any other pets? Yes  No

If so, do they have any eye problems?

10. Has your pet had any other eye problems? Yes  No

If so, what type?

11. Has your pet suffered from any other illness? Yes  No

If so, what type?

12. Is your pet receiving any other medication? Yes  No

If so, please list dosages and last time received