

# Animal Eye Clinic Arlington and Fort Worth



## YOUR INFORMATION:

Last Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
First Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Other Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_ How would you like to receive appointment reminders  
and other communications from our office?

TEXT    EMAIL    PHONE CALL

## PET INFORMATION:

Pet's Name: \_\_\_\_\_ Color: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
Age or Birth Date: \_\_\_\_\_ (Please estimate if actual age is unknown)  
Any health concerns NOT EYE RELATED: (such as diabetes, seizures or heart condition(s)?)  
\_\_\_\_\_  
Current Weight \_\_\_\_\_

Referred by: \_\_\_\_\_ Veterinarian \_\_\_\_\_ Internet \_\_\_\_\_ Drive by \_\_\_\_\_ other

Regular Veterinarian \_\_\_\_\_ Hospital/Clinic \_\_\_\_\_

\_\_\_\_\_ *The cost for the initial examination is \$195.00. Medications are not included. Additional tests may be required but will not be performed without prior consent. Payment is expected when services are rendered. We accept Cash, Mastercard, Visa, Discover, American Express and Care Credit. Care Credit requires that the card holder be present for all transactions. We will not accept Care Credit from anyone whose name is not on the card.*

\_\_\_\_\_ *Animal Eye Clinic employs and utilizes multiple ophthalmologists, residents, and support staff to properly manage our patient care. All diagnosis, treatment and surgery will be performed or supervised by a board-certified veterinary ophthalmologist.*

\_\_\_\_\_ *To ensure confidentiality and privacy, the use of any type of audio or video recording device is strictly prohibited at any location within this office.*

\_\_\_\_\_ *I authorize Animal Eye Clinic to take photographs of my pet, and to publish those photographs for any lawful purpose, including but not limited to medical research and publication. I also waive any rights of privacy or compensation associated with the use of my or my pet's image(s) and name(s) for the commercial and research purposes outlined above.*

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Date