

**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



## 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.

## PAYMENT POLICY

It is the policy of the American Animal Eye Care Center that payment is due at the time services are rendered.

Our hospital will accept cash, personal checks, MasterCard, Visa, American Express, Discover, and Care Credit as choices for payment.

Our hospital does not offer payment plans.

Our hospital does understand that some clients may be unprepared to pay for an unexpected charge. Therefore, we are pleased to offer our clients the option of applying for and using Care Credit.

An \$89.00 missed appointment fee will be charged if a scheduled appointment is not cancelled 24 hours prior to the appointment time. Additionally, there is a \$275.00 missed surgery fee if a scheduled surgery is not cancelled 24 hours prior to the day of surgery.

I have read and agree to fully comply with the policy regarding services rendered and missed appointments at the American Animal Eye Care Center.

---

Signature

---

Date

Please keep a copy for your records

## MEDICATION REFILL PROCEDURE

American Animal Eye Care Center has many patients needing medications. To ensure our patients receive them, we have established procedures to ensure your pet has the medication he/she needs.

Most of the medications provided by American Animal Eye Care Center are prescription items. This means refills, by law, must first be approved by an American Animal Eye Care Center doctor, and that your pet must be a current patient under the care of American Animal Eye Care Center.

**PLEASE REQUEST YOUR REFILL WELL BEFORE YOU RUN OUT.**

For refills, your pet must have been seen within the period recommended in the patient's records by an American Animal Eye Care Center doctor. This may be up to six months, depending on the nature of the condition being treated.

**24 HOUR VOICE MAIL REFILL PROCEDURE**

To ensure timely refills, American Animal Eye Care Center has a voice mail system to allow you to leave a message for a refill 24 hours a day by calling **(562) 943-3728** and following the instructions. A touch tone phone is necessary. Please leave the details of **your pet** and the **specific medication** you need **from the label**.

An allocated staff member will receive your message the next working day (**Monday to Friday**), locate your pet's record and have the request reviewed and approved by a doctor. This process takes a full working day from the time you leave the message. After the medication has been approved, the staff member will contact you with the cost and make arrangements for mailing or pickup. **Medications are mailed only after payment has been received.**

**IF YOU WISH TO USE A CREDIT CARD FOR PAYMENT,**

**A SIGNED CREDIT CARD AUTHORIZATION MUST BE ON FILE.**

**AUTHORIZATION FORM MUST BE FILLED OUT IN HOSPITAL SO THAT CARD  
CAN BE VERIFIED BY A STAFF MEMBER.**

**Please note that under Federal Law, all medication sales are final. Medications cannot be returned for any reason once they have left our premises.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please see the receptionist for more details.  
Please keep a copy for your pet's file at home.**