VMCLI
Veterinary Medical Center of Long Island
24 Hour Emergency & Specialty Services

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Ophthalmology Questionnaire

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Patient: **Owner:** **Date:**

Please answer these questions to the best of your knowledge so we may serve you and your pet better.

1) What is your pet's problem with its eye/eyes?

Please check all that apply.

_____ Cataracts
_____ Cherry Eye
_____ Decreased Vision
_____ Eye Discharge
_____ Pain
_____ Eyelid Mass
_____ Grey Coloration
_____ High Pressure
_____ Injury
_____ Don't Know
_____ Redness
_____ Scratch
_____ Squinting
_____ Eye Mass
_____ Other

Other (Please Describe):

_____

_____

_____

2) How long ago did you first notice the problem with the eye/eyes?

Please indicate with a specific number if possible.

_____ Hours
_____ Days
_____ Weeks
_____ Years
_____ Since Birth
_____ Don't Know

3) What previous medical problems has your pet had?

Please check all that apply.

_____ No Significant Medical History
_____ Allergies
_____ Coughing
_____ Diabetes
_____ Kidney Disease
_____ Sneezing
_____ Vomiting
_____ Arthritis
_____ Cushing's Disease
_____ Diarrhea
_____ Nasal Discharge
_____ Thyroid Hormone High
_____ Weight Gain
_____ Cancer
_____ Dental Disease
_____ Heart Disease
_____ Seizures
_____ Thyroid Hormone Low
_____ Weight Loss

Continued

Please describe other medical issues we should be aware of:

_____

_____

_____

_____

4) What medications does your pet currently take?

Please include all medications.

_____

_____

_____

_____

5) Do you feel that any current medications have helped your pet?

_____ Yes _____ No _____ Not Applicable

If no, please explain:

_____

_____

_____

6) Do you feel that your pet will allow you to give eye drops or apply eye ointment?

_____ Yes _____ No _____ Not Applicable

7) Has your pet ever traveled outside of New York State?

_____ Yes _____ No _____ Not Applicable

If yes, when and where did your pet travel?

_____

_____

8) Is your pet an indoor or outdoor pet?

_____ Strictly indoors _____ Indoors and outdoors

_____ Indoors mainly, but also on porch _____ Outdoors mainly, but with shelter

9) Is your pet up-to-date on vaccinations?

_____ Yes _____ No _____ Don't Know