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
   - Weeks
   - Days
   - 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
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