



# Animal Eye Clinic

## of Waterloo Region

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### New Pet Questionnaire

<b>Last name:</b>		<b>Home phone:</b>	
<b>First name:</b>		<b>Work phone:</b>	
<b>Partner:</b>		<b>Work phone:</b>	
<b>Street:</b>		<b>Your cell:</b>	
<b>City:</b>		<b>Partner cell:</b>	
<b>Postal code:</b>		<b>Other numbers:</b>	
<b>Pet's name:</b>			
<b>Sex:</b>	F	FS	M MN
<b>Breed:</b>		<b>Colour:</b>	
<b>Age or birth date:</b>			
<b>Referring veterinarian:</b>			
		<b>Clinic:</b>	
<b>Alternate veterinarian:</b>			
		<b>Clinic:</b>	
<b>Please let us know the changes you have noticed in your pet's eyes.</b>			
1. In which eye(s) have you noticed the problem?	Right	Left	Both
2. What changes did you observe?			
3. How long have the change(s) been present?			
4. Has your pet received therapy/medications for this problem? If so, please list these medications.			
5. Did any of these medications (if any) help?	Yes	No	
If so, which ones? Please list.			
6. Other health conditions and/or medications?			
7. How did you hear about us?			