VETERINARY EYE CENTER OF OKLAHOMA

# NEW PET QUESTIONNAIRE

Have any of your pets been here in the past? ❑ yes ❑ no

## Please complete the following information...

*required field

Owner's Last Name*: _____

Owner's First Name*: _____ Your Cell*: _____

Spouse's First Name: _____ Spouse's Cell: _____

Email*: _____

Street*: _____ City*: _____ State*: _____ Zip*: _____

Pet's Name*: _____ Breed*: _____ Color*: _____

Age or Birth Date*: _____ Sex*: ❑ Male ❑ Neutered Male ❑ Female ❑ Spayed Female

Family Veterinarian*: _____ Hospital*: _____

## Please let us know the changes you have observed regarding your Pet's eyes...

1. Which eye(s) have you noticed having problems? ❑ 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. Other health conditions or medications? _____

Full payment is due at the time of service. Accepted forms of payment include cash, debit card, all major credit cards, and CareCredit. We do not accept checks. Should this account default and is referred to an attorney for collection, then I agree to pay all collection costs, including attorney fees. I also agree to pay interest on the unpaid balance at the rate of 1.5% per month (18% per annum) from the date that said monies become due and payable.

____ I understand the payment policy.

At least 24 hours of notice is expected for cancellations. I understand that if I no-show or cancel with less than 24 hours notice, I may be required to pay a non-refundable reservation fee to reschedule. The non-refundable reservation fee will be applied to the rescheduled visit and will be forfeited if I again no-show or cancel that appointment with less than 24 hours notice.

____ I understand the cancellation policy.

I authorize VECO to use photos and medical information of my animal for educational and promotional purposes through continuing education seminars for veterinarians, its website, and social media outlets. I understand that my consent is strictly voluntary and that my pets name and my personal information will NOT be shared.

❑ I agree and authorize ❑ I do NOT agree nor authorize

By signing below, I authorize that I am over eighteen years of age and I authorize Veterinary Eye Center of Oklahoma (VECO) and its employees to assess and treat my animal listed above, and I agree to pay all associated fees with these services.

Signature: _____ Date: _____