



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\*: \_\_\_\_\_ Cell\*: \_\_\_\_\_
Spouse's Last Name: \_\_\_\_\_ 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 have you observed?
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?

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

Initial \_\_\_\_\_ Date \_\_\_\_\_





I understand and agree to the following statements:

- In honor of my time, VECO's (Veterinary Eye Center of Oklahoma, PLLC) time and other patient's need for care, VECO requires a minimum of 48 hours' notice to cancel/reschedule regular appointments and a minimum of 72 hours' to cancel/reschedule procedure/surgical appointments. I understand that any appointment/procedure/surgery (A/P/S) canceled/rescheduled with less than the required notice may result in a non-refundable, non-transferable reservation fee being required to schedule any future A/P/S.\*
- VECO will send out confirmation text messages and I must reply to confirm the A/P/S. I understand that a non-confirmed A/P/S may be considered canceled outside the required cancellation notice. As a result, a non-refundable, non-transferable reservation fee may be required to schedule any future A/P/S.\*
- Arriving for a scheduled A/P/S early or on time is expected. I understand that if I am late, there may be a significant wait time to be seen or I may be required to reschedule and pay a non-refundable, non-transferable reservation fee to reschedule this and any future A/P/S.\*
- If I repeatedly reschedule or cancel my A/P/S, even with the required notice, I may be required to pay a non-refundable, non-transferable reservation fee in order to schedule A/P/S in the future.
- Any non-refundable, non-transferable reservation fee will be applied to the rescheduled A/P/S. The non-refundable, non-transferable reservation fee will be forfeited if the rescheduled A/P/S is not canceled or rescheduled with the required notice as outlined above.
- If I fail to or elect to not follow-up as directed, I have forfeited my veterinary client patient relationship with VECO and Dr. Studer.

\*VECO understands that emergencies happen and these will be taken into consideration on a case by case basis.

- Full payment is due at the time of service. Accepted forms of payment include cash, debit card, all major credit cards, and CareCredit. **CHECKS ARE NOT ACCEPTED.** Should this account default and be referred to collections, I understand I will be required to pay my account balance in full, all collection costs (including attorney fees) and any interest on the unpaid balance. Interest accrues at the maximum legal rate from the date that your account defaulted.
- A non-refundable, non-transferable reservation fee up to 100% of the estimated cost of any A/P/S may be required at the time of scheduling the A/P/S. Failure to cancel the A/P/S within the required notice (as stated above) will result in forfeiture of the fee.

I am over eighteen years of age and 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.

First & Last Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print)

Any and all policies are subject to change. Veterinary Eye Center of Oklahoma, PLLC reserves the right to refuse service to anyone at any time.