



The Standard of  
Veterinary Excellence

## Plateau Animal Hospital: Ophthalmology Referral Form

Fees charged reflect the quality and value of our advanced and specialized medical and surgical services. They also reflect the degree of expertise required to diagnose and treat your pet, as well as the cost of the diagnostic, therapeutic and surgical equipment utilized. Written estimates are provided for patients for which surgery and/or advanced diagnostic procedures under sedation or general anesthesia are recommended. Fees are payable in full when services are provided, in the form of a major credit card (Visa, MasterCard, Discover, American Express, Care Credit), a debit card, check or cash.

DATE: \_\_\_\_\_ PET'S NAME: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREFERRED METHOD FOR CONTACT: \_\_\_\_\_

REFERRING CLINIC & VET: \_\_\_\_\_

REFERRING CLINIC EMAIL: \_\_\_\_\_

FAX NO.: \_\_\_\_\_ PHONE: \_\_\_\_\_

### ABOUT YOUR PET:

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

SPAYED/NEUTERED? \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DIABETIC: \_\_\_\_\_ IMMUNIZATIONS CURRENT? \_\_\_\_\_

### PLEASE LET US KNOW THE CHANGES YOU'VE OBSERVED REGARDING YOUR PET'S EYES:

1. WHICH EYE(S) HAVE YOU NOTICED HAVING PROBLEMS? \_\_\_\_\_
2. WHAT CHANGES DID YOU OBSERVE? \_\_\_\_\_
3. HOW LONG HAVE THE CHANGES BEEN PRESENT? \_\_\_\_\_
4. HAS YOUR PET RECEIVED THERAPY/MEDICATIONS FOR THIS PROBLEM? IF SO, PLEASE LIST THEM: \_\_\_\_\_
5. DID ANY OF THESE TREATMENTS HELP? IF SO, PLEASE LIST THEM: \_\_\_\_\_
6. OTHER HEALTH CONDITIONS/MEDICATIONS? \_\_\_\_\_