

Ophthalmic Patient History

1. Where and when was your pet acquired?
2. Is your pet housed indoors or outdoors, working, farm dog, like to rough house or fight?
3. Is your pet up to date with vaccines and has he/she had any blood work lately?
4. Are there any other pets in the household and if so what specie(s), where and when were they acquired, are they housed indoors or outdoors?
5. Does your pet have any previous health issues and if so are they on any medications?
6. When did your pet's ocular problems first begin, what did you first notice about the eye (what symptoms prompted you to seek medical treatment for your pet)?
7. Is your pet currently on any ocular medications and if so which ones, what dose(s) and in which forms (drops vs ointments) and when were they last administered?
8. Did the eye improve, worsen or stay the same since being on meds.
9. Is the eye bothering your pet (squinting or increased blinking, rubbing or tearing)?
10. Does your pet go with you to the cottage, camping or out of province?