



Animal Eye Guys

Ophthalmology New Client and Referral Information

Client Name:

Address:

Age:

Phone Number:

Email Address:

Responsible Party: (1) _____ (2) SECOND _____

Patient Name:

Species:

Breed:

Sex:

Color:

Weight

Preferred Phone: (_____) _____

Referring Veterinarian: Melissa Adamson Sunshine Animal Hospital, Pembroke Pines

Please complete the following questionnaire for the pet we are examining today

1. Which eye is currently having a problem? Right ____ Left ____ Both ____
2. Please describe the nature and duration of the current eye condition: _____

3. Please describe any eye problems your pet has had in the past? Same or different eye?

4. Please describe any other symptoms your pet is exhibiting: _____

5. Please list any allergies your pet has: _____
6. Is your pet being treated for other systemic conditions? If so, please list these conditions:

7. Please list medications your pet is taking: _____

8. Is your pet current on vaccines? Yes ____ No ____ Unsure ____

REFERRAL POLICY

Please read thoroughly before signing.

The following guidelines regarding your referral are very important.

Your veterinarian referred you to our practice for specialty treatment in the field of veterinary ophthalmology OR you were not directly referred but have a primary veterinarian that you will be returning to for routine care. Therefore, your pet will only be evaluated for the problem for which it was referred. Under no circumstances, unless in an emergency situation, will we accept your pet for unrelated problems unless your pet is a pre-existing patient to this practice.

Please note that because of our unique specialty in veterinary ophthalmology, we are not able to provide any routine services such as vaccinations, boarding, bathing, spays, neuters, nail clipping or other routine care.

Your primary veterinarian will receive correspondence from us regarding your visit. This is critical for continuity of care and completeness of your pet's medical history.

By Signing below, this will give Animal Eye Guys permission to release medical records to 3rd parties; including but not limited to insurance companies, RDVMs and specialists.

Your understanding and cooperation is appreciated.

I have read and understand the referral policy.

Primary Veterinarian:

Primary Hospital:

I do not have a veterinarian: _____

Signature

Date

Print Name

EXAM CHARGES AND DEPOSITS

- The initial medical examination with the doctor, necessary diagnostics included, in our primary and satellite locations is **\$281.00**. Our locations include Miami Gardens, Fort Lauderdale, Miami Bird Road, Coral Springs, and Emergency Pet Hospital of Collier County (Naples).

- Recheck/Follow Up Exams will be **\$126.00** (+ diagnostics if any). All patients require annual exams to continue to dispense prescription medications. If your visit is over 12 months but less than 24 months, consult and diagnostics will be **\$239.25**. If it has been over 2 years since your last visit this is considered an extended recheck exam which will be **\$281.00**.

-In the event you are seeing the doctor as an urgent care visit, the consultation with the doctor at our primary and satellite locations is **\$352.00**. If you are seeing the doctor as an emergency, the consultation with the doctor ranges between **\$454.00** and **\$506.75**. Necessary diagnostics are included in these visits.

To provide the best care for your pet and assist in the diagnosis and treatment of your pet's condition, there are a few diagnostic tests that will be performed if deemed necessary by the doctor.

Diagnostic Fees Associated with Exam:

- **Schirmer Tear Test** - \$46.50(Tear production test)
- **Fluorescein Stain** - \$47.00 (A dye used to illuminate corneal ulcers and other corneal defects)
- **Tonometry** - \$53.00 (Used to check the pressure inside the eye)

All medications, further diagnostics, surgical procedures and medical progress examinations are additional, and will be discussed with you. A biohazard fee is included in all consultations.

24 hour Cancellation Deposit Policy/No show

- All appointments that are No show/cancelled with less than 24 hours of notice will require a deposit of the cost of the exam fee, excluding diagnostics, at the time of rescheduling.

***For surgeries, any last minute cancellation would require \$500 deposit to reschedule surgery date.**

NO SHOW/MISSED surgeries, would require full low end of estimate to be collected in advance to reschedule surgery date.

- All Saturday Appointments require a deposit of the cost exam fee, excluding diagnostics, at the time of scheduling.

- If the appointment is rescheduled prior to 24-hours of the scheduled appointment time, the deposit fee will be applied to the new appointment. This allows patients on the waiting list an opportunity to be medically evaluated.
- If an appointment is missed or is not rescheduled prior to 24-hours of the appointment time the deposit is forfeited. Funds retained for missed appointments allow us to provide medical care for certified rescue and wildlife organizations.

-Animal Eye Guys only accepts credits cards, Care Credit and cash, please no checks. Care Credit card holder must be present to pay with two forms of ID.

By signing below, I agree and understand to all the above information.

Signature

Date

Print Name

PHOTO, VIDEO & SOCIAL MEDIA CONSENT FORM

I, _____, hereby give my permission for any and all usage of my and my pet's, _____, picture(s) or video(s). Designated to appear in Animal Eye Guys, Premier Veterinary Specialties or any of its affiliated companies' video, trade show booth, brochures, display ads, signage, newsletters, private invitations, and other digital media (including Facebook, Twitter, Instagram). This permission extends to all future usage of ad printings.

I also understand that there will be NO compensation from Animal Eye Guys, Premier Veterinary Specialties or its affiliated companies for the use of the photograph(s) or video(s) now and in the future. I will make no monetary or other claim against Animal Eye Guys of South Florida, Premier Veterinary Specialties, its affiliated companies or any of its entities for the use of the interview and/or the photograph(s)/video.

Signature

Date

Print Name

Relationship to Pet

If you wish to NOT consent to the photo, video & social media policy, please initial _____

PRESCRIPTION OPTIONS FOR OUR CLIENTS

Acknowledgement of Ability to receive Written Prescription:

I, _____, understand my right to receive a written prescription for medication that can be filled at the pharmacy of my choice or by my veterinarian, as provided in s. 474.224, Florida Statutes.

Signature: _____

Date: _____