



GARDEN STATE VETERINARY SPECIALISTS

OPHTHALMOLOGY HISTORY FORM

1. Is your pet current on all vaccinations? yes no
2. Is your pet taking a heartworm preventative medication? yes no
3. Has your pet traveled outside of New Jersey? yes no
If yes, where and when _____
4. Does your pet have any significant medical problem other than the eye(s)?

5. Are you currently treating your pet with any medications? yes no
If medications are being given, please list the name(s), amount, and frequencies:

6. What leads you to believe your pet has an eye problem?
Loss of vision: _____ (more in dim light or bright light?) _____
Eye discharge: watery like pus thick and green
Peculiar color to the eye(s)? yes no If yes, please describe: _____

Holds eye(s) closed yes no
Veterinarian noted the problem yes no
Other _____
7. How long has the problem been present? _____
8. Which eye is affected R L Both (check one)
9. Has the character of the eye problem changed since you first were aware of it? yes no
If yes, please describe _____

10. How well do you believe your pet sees?
 Excellent
 Poor on all occasions
Poor especially in: dim light bright light
Poor in regard to: near distant objects
Poor in regard to: moving stationary objects
11. Do you have other pets? If so, name the type of additional pet (s) and whether or not they have eye problems _____

12. Do you know your pet's dam or sire or littermates? yes no
If yes, do any of them have eye problems? yes no do not know



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