

**OPHTHALMOLOGY SERVICES AT
TAMPA BAY VETERINARY SPECIALISTS**
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PATIENT HISTORY

1. What lead you to believe your pet has an eye problem?
 - a. decreased vision _____
 - b. eye changed color _____
 - c. eye seems painful _____
 - d. veterinarian noted problem _____
 - e. other _____
2. Which eye(s) is affected? Right _____ Left _____ Both _____
3. How long has the problem been present? _____
4. Have you treated the eye with any medication? _____
If yes, with what? _____
5. Is the problem getting better? _____
getting worse? _____
staying the same? _____
6. How well do you think your pet can see?
 - a. well on all occasions _____
 - b. poorly, at all times _____
 - c. poorly, especially in the dark _____
 - d. poorly, especially in bright light _____
 - e. has trouble following moving objects _____
 - f. has trouble finding stationary objects _____
7. Do you have other pets? _____
Do they have any eye problems? Yes _____ No _____
8. Do you know the sire, dam, or other family members of your pet? _____
If yes, do you know of any eye problems in these animals?
9. Has your pet been vaccinated recently? Yes _____ No _____
Is your dog on heartworm preventative? Yes _____ No _____
10. Is your pet on any other medication? Yes _____ No _____
If so, what medication? _____
11. What other health problems has your pet had? _____

