

Auto History

DIRECTIONS: To aid the doctor in reaching an accurate diagnosis, a complete background on your pet is essential. Please fill out the following questionnaire. Answer each question to the best of your ability. If you do not understand a question or have doubts about your answer, leave the question blank or put a question mark (?). The doctor will go over the questionnaire with you.

I. Reason for visit:

- _____ A. Ocular pain
- _____ B. Vision loss
- _____ C. Difficulty seeing

Please explain: briefly: _____

II. If vision loss

- _____ A. Daytime
- _____ B. Nighttime
- _____ C. Both

yes ___ no ___ One eye

yes ___ no ___ Both eyes

yes ___ no ___ Early age before 2 years old

yes ___ no ___ Mid-age (3-6 years)

yes ___ no ___ Late-onset (>6 years old)

yes ___ no ___ Sudden vision loss

yes ___ no ___ Gradual vision loss

III. Your pet lives:

yes ___ no ___ Indoors

yes ___ no ___ Outdoor

yes ___ no ___ Both

IV. How did you obtain your pet?

yes ___ no ___ Breeder

yes ___ no ___ Born at home

yes ___ no ___ Pet Shop

yes ___ no ___ Adopted: _____ recently; ___ months ago ___ years ago.

_____ private ___ shelter _____ Humane society

How old was your pet when first obtained?

yes ___ no ___ Has your pet traveled out of the state within the last few years?

Where and for how long? _____

Where do you live?

___ House

___ Apartment

___ Rural

___ suburban

yes ___ no ___ Have you lived outside the state with your animal in the past?

yes ___ no ___ Has your pet been tested for heartworm? (Dogs only)

yes ___ no ___ Ticks are present in the environment

Medical History:

yes ___ no ___ Does your pet have any allergic reactions to drugs?

yes ___ no ___ Any allergies to anesthetic agents?

yes ___ no ___ Any skin allergies?

yes ___ no ___ Topical flea medications? Type _____

yes ___ no ___ Flea shampoos? Type _____

yes ___ no ___ Flea dips? Type _____

yes ___ no ___ Any oral medications being used now?

1. _____ How many times daily? _____

2. _____ How many times daily? _____

yes ___ no ___ Any injectable medications used now?

Describe! _____

Past Medical History

yes ___ no ___ skin conditions or allergies

yes ___ no ___ chronic or recent ear infections

yes ___ no ___ recent ear cleaning

yes ___ no ___ liver disease

yes ___ no ___ diabetes

yes ___ no ___ Cushing's disease

yes ___ no ___ renal disease

yes ___ no ___ epilepsy or convulsions

yes ___ no ___ Difficulty walking or balancing

yes ___ no ___ Head tilt: Which side ? _____ Left _____ Right

yes ___ no ___ cancer or benign tumors: type? _____

yes ___ no ___ chemotherapy past or present?

yes ___ no ___ head trauma

yes ___ no ___ ear infections: _____ recent _____ >1 year _____ chronic

yes ___ no ___ dental disease

Present Medical History

Diet

A. What do you feed your pet?

yes ___ no ___ Table leftovers

yes ___ no ___ canned food: brand? _____

yes ___ no ___ commercial dry food _____

yes ___ no ___ Semi dry _____

yes ___ no ___ Does your pet have access to other sources of food?

yes ___ no ___ Any food supplements?

yes ___ no ___ Any holistic oral remedies being given? Describe _____

yes ___ no ___ Does your pet have a recent history of increased appetite?

yes ___ no ___ Excessive water drinking

yes ___ no ___ Excessive urination

yes ___ no ___ Vomiting

yes ___ no ___ diarrhea

yes ___ no ___ My pet has heart problems

yes ____ no ____ weight loss

yes ____ no ____ weight gain

Would you describe your pet's appetite as:

yes ____ no ____ Normal

yes ____ no ____ Ravishing

yes ____ no ____ Selective

yes ____ no ____ Absent

Would you describe your pet as:

yes ____ no ____ very active

yes ____ no ____ active

yes ____ no ____ moderately active

yes ____ no ____ depressed

Would you describe your pet's endurance as:

yes ____ no ____ good

yes ____ no ____ moderate

yes ____ no ____ poor

Current Ocular Problem:

yes ___ no ___ ocular discharge: color _____

yes ___ no ___ discharge one eye

yes ___ no ___ discharge both eyes

yes ___ no ___ Do you need to clean eyes once or twice daily

yes ___ no ___ do you clean eyes 3X or more daily

yes ___ no ___ brown staining of hair in corner of eye or eyes

yes ___ no ___ Is there a membrane covering one or both eyes

yes ___ no ___ There is a pink piece of tissue protruding from the inside corner of eye

yes ___ no ___ Does one or both eyes appear sunken in?

yes ___ no ___ My pet is reluctant to move around the house

yes ___ no ___ My pet is startled easily when someone approaches

yes ___ no ___ My pet does not want to move in the dark or when the lights are dim

yes ___ no ___ My pet has been loosing sight gradually during the day

yes ___ no ___ My pet has suddenly lost vision

yes ___ no ___ There appears to be a bluish haze over the eyes

yes ___ no ___ There is a white cloud covering the eyes

yes ___ no ___ The entire eye is red inside

yes ___ no ___ There is a mass or lump on the eyelid

___ Left Eye ___ Right Eye

yes ___ no ___ A brown or black lump is present on the corner of the white of the eye

___ Left Eye ___ Right Eye

yes ___ no ___ The cornea has pink tissue growing on it

yes ____ no ____ My pet has only one eye

yes ____ no ____ One or both eyes are deviated to the side ____ up ____ or down ____

yes ____ no ____ One eye protrudes more than the other eye

yes ____ no ____ This protrusion is sudden

yes ____ no ____ There is a brown object inside the eye

yes ____ no ____ The cornea has changed color

yes ____ no ____ This has occurred gradually

yes ____ no ____ This has occurred suddenly

yes ____ no ____ The eye is dry _____ Left Eye _____ Right Eye _____ Both

yes ____ no ____ The pupil of one eye is different size than the other eye

yes ____ no ____ One eye was surgically removed in the past

Reason _____

yes ____ no ____ One eye was removed due to corneal disease

yes ____ no ____ One eye was removed due to glaucoma

yes ____ no ____ My regular veterinarian says there are abnormal hairs on the eyelids

yes ____ no ____ My regular veterinarian says there is a corneal ulcer that won't heal

yes ____ no ____ My regular veterinarian says there is a corneal sequestrum

yes ____ no ____ My regular veterinarian says the cornea is ruptured

yes ____ no ____ My regular veterinarian says there is a corneal laceration

yes ____ no ____ My regular veterinarian suspects glaucoma

yes ____ no ____ My regular veterinarian says the pressure is increased in the eye

yes ____ no ____ My regular veterinarian suspects there is a tumor inside the eye

yes ____ no ____ My regular veterinarian says my pet has cataracts:

When first formed ? _____

yes ____ no ____ My pet is diabetic and on insulin

What dosage and how often given\? _____

yes ____ no ____ The Dam and Sire of my pet have a history of eye disease

Please explain _____

What medications are you using in the eye or eyes? (Left, right or both)

1. _____ How often? _____ Which eye?

2. _____ How often? _____ Which eye?

3. _____ How often? _____ Which eye?

4. _____ How often? _____ Which eye?

Any ocular surgeries performed in the past? Which eye? When? What procedure?

Please describe _____
