

Date: _____ Signature of person completing this form: _____

1. What led you to believe your animal has an eye problem?

- Loss of Vision
- Eye Discharge
- Peculiar color of eye(s)
- Veterinarian noted problem
- Other, explain: _____

2. How long has this problem been present? _____

3. Which eye(s) is (are) affected? Right Left Both

4. Has the character of the eye(s) changed since you first noticed it? No Yes Unknown

5. Have you treated the eye(s)? No Yes

If yes, with what? _____

6. How well do you believe your animal sees?

- | | | |
|---------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Poor in regard to near objects | <input type="checkbox"/> Poor when turning to the right |
| <input type="checkbox"/> Poor on all occasions | <input type="checkbox"/> Poor in regard to far objects | <input type="checkbox"/> Poor when turning to the left |
| <input type="checkbox"/> Poor especially in dim light or dark | <input type="checkbox"/> Poor in regard to moving objects | <input type="checkbox"/> Poor when jumping or climbing down |
| <input type="checkbox"/> Poor especially in bright light | <input type="checkbox"/> Poor in regard to stationary objects | <input type="checkbox"/> Poor when jumping or climbing up |

7. Do you think your animal sees well in familiar surroundings? No Yes Unknown

Strange surroundings? No Yes Unknown

8. Has your animal had any other eye problems? No Yes Unknown

If yes, what type? _____

9. Has your animal experienced seizures, loss of balance, weakness, uncoordinated or personality change?

No Yes Unknown _____

10. Is your animal receiving medication? No Yes Unknown

If yes, what type? _____

11. Do you have other animals? No Yes

If yes, do they have eye problems? No Yes

If yes, what type? _____

12. Do you know your animal's dam or sire? No Yes

If yes, does either of them have eye problems? No Yes

13. Is your animal consuming water and food normally? No Yes

14. Is your animal urinating more frequently than normal? No Yes

15. Has your animal had previous or present illness? No Yes Unknown

If yes, what type? _____