

Eye Questionnaire

Patient's Name: _____

Date: _____

1) Which eye is affected? (please check or circle)

- Left
- Right
- Both

2) What symptoms are your pet showing: (please check all that apply)

- Redness
- White discharge
- Clear discharge
- Yellow/green discharge
- Squinting
- Pawing at the eye
- Changes in vision

3) When did these symptoms start? _____

4) Was there a specific event that may have caused any trauma to the eye? **YES** **NO**

If so, please explain: _____

5) Is your pet acting normally otherwise? (circle) **YES** **NO**

If not, please explain: _____
