



ANIMAL EYE MEDICAL & SURGICAL SPECIALISTS

6356 S Peek Rd, Ste 100, Katy, TX 77450
(832) 437-0119 Phone (832) 437-0211 Fax

CLIENT INFORMATION

Owner Name: _____ Partner's Name: _____

TX Drivers License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

We must be able to reach you. Please provide us any number that will allow us to contact you or another responsible party. Thank you!

PATIENT INFORMATION

Dog Cat Name: _____

Breed: _____ Color: _____

Male Neutered Male Female Spayed Female Age: _____ Yrs _____ Mths

Your Regular Veterinarian: _____

Reason for visit/eye concern: _____

Please list any other health problems: _____

*****A consult fee of \$175.00 will be charged at the end of your visit.**

Full payment is expected when the patient is released from the hospital. **A DEPOSIT EQUAL TO THE LOW END OF THE ESTIMATED CHARGES IS REQUIRED PRIOR TO SURGERY.**