



Animal Eye Specialists

1545 West Plano Parkway

Plano, Texas 75075

Phone: 972-437-3937 | Fax: 972-437-3938 | www.PetEyeVet.com

Owner Information:

Rescue Name: _____

Rescue Contact: _____
(First Name) (Last Name)

Foster's Name: _____
(First Name) (Last Name)

Rescue Address: _____

(City) (State) (Zip)

Rescue's Phone: _____ Foster's Cell Phone: _____

Rescue Contact's Phone: _____ Foster's Home Phone: _____

Rescue's Email Address: _____

Foster's Email Address: _____

Patient Information:

Name: _____ Age (DOB): _____

Species: ☐ Canine ☐ Feline ☐ Other: _____

Breed: _____ Color: _____

Sex: ☐ Neutered Male ☐ Spayed Female
☐ Intact Male ☐ Intact Female

Please list any non-eye related health concerns: _____

Primary Veterinarian:

Doctor's Name: _____ Clinic: _____

Please carefully the following policies and initial beside them.

Rescue Discount Policy:

1) Animal Eye Specialists offers a rescue discount to certified 501(c)(3) animal rescue organizations. Proof of 501(c)(3) is required prior to appointment and payment must be made in full at time of visit in order to receive the discount. If the rescue does not send payment or if they are not reachable, the person who brings the patient in for their exam will be responsible for payment in full.

Initial

Payment Policy:

2) Payment is due at the time services are rendered. Forms of accepted payment include: Cash, AmEx, Visa, Mastercard, Discover, and Debit cards. Please note, **WE DO NOT ACCEPT CHECKS**. The initial exam fee of \$170 includes a thorough exam and three standard diagnostic tests. Any additional tests or medications will result in extra costs.

Initial

Social Media/Use of Photos:

3) I authorize Animal Eye Specialists, PLLC, to use my pet's information and medical history for use on their website and other social media outlets including but not limited to; Facebook, Twitter, Instagram, and blogs. I understand that consent is strictly on a voluntary basis.

Initial

Owner/Responsible Party: _____ Date: _____