



Woody Dudley D.V.M
 Mitchell Hammock Pet Hospital
 255 Alexandria Blvd.
 Oviedo, FL 32765
 (407) 366-7323 · Fax (407) 542-8797
 www.drwoody.net

Patient Name and Last Name: _____ **Date:** _____

Eye Questionnaire

1. When did the eye condition begin? _____
 Has this condition been treated before? If so, what medications were used?

2. Have any eye diseases been diagnosed by a Veterinary Doctor before? If so, what was the diagnosis? _____
3. Which eye is affected? One eye or both?

4. Are the whites of the eyes frequently bloodshot, i.e. red eyes? ___yes___no
5. Have you noticed any loss of vision or changes in vision? ___yes___no
6. Does your pet have trouble seeing at night? ___yes___no
7. Have you noticed any cloudiness to the eyes? ___yes___no
8. Is one pupil a different size from the other? ___yes___no
9. Have you noticed any rubbing at the eyes? ___yes___no
10. Is one lid droopy? ___yes___no -Which eye? _____
11. Any sneezing, coughing, trouble breathing? ___yes___no
 Explain: _____
12. Any discharge from the eye(s)? ___yes___no
 Please describe: _____
13. Has your pet ever been tested for glaucoma? ___yes___no
14. Has your pet ever been tested for dry eyes? ___yes___no
15. Does your pet have cataract(s)? ___yes___no
16. Any swelling of the eye(s)? ___yes___no
 Explain: _____
17. Has your pet ever been seen by an Ophthalmology Specialist? ___yes___no?
 If so, explain: _____

COMMENTS: _____
