

QUESTIONNAIRE FOR OPHTHALMOLOGICAL DISEASES



AniCura

TIERÄRZTLICHE PRAXIS
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Please fill in the form with block letters or mark with a cross.

Name of owner: _____

Name of pet _____

Type of animal: Dog Cat out-door cat Other _____

Breed: _____ Crossbreed Age: _____

Gender: male female male castrated female castrated unknown

REFERRAL PRACTICE: _____

Affected eye: left right both

WHAT KIND OF DISEASE:

loss of vision modification of eye color ocular discharge often closed eye(s)

Any other changes?

When did you become aware of the changes for the first time?

How did the disease develop recently?

Has your veterinarian seen the disease? What was the diagnosis?

Was there a previous medication? If yes, what was it?

No Yes: _____

Was there already a serious illness in the past?

No Yes: _____

MY PET'S ABILITY TO SEE IS:

excellent sometimes limited always limited limited in the dark / brightness

Do you know the ancestors of your pet? Are there any known ophthalmological diseases?

No Yes: _____

