



Louisiana State University
School of Veterinary Medicine
Baton Rouge, LA 70803
(225) 578-9600

Ophthalmologic History

1. What made you aware of your pet's eye problem?

- Rubbing eye Discharge from eye Cloudiness of eye Redness of eye
 Eye closed Loss of vision Veterinarian noted problem Other

2. How long has the problem been present? _____

3. Which eye is affected? Right Left Both Not sure

4. Has the problem changed since you first noted it? No change

Yes it is better In what way? _____

Yes it is worse In what way? _____

5. Has any medication been used for the eye(s)? Yes No

If so what medication? _____

Over what time period? _____

How often per day? _____

Time last administered? _____

Did the medication help? Yes No

6. Your pet's eyesight seems to be

- Excellent Poor Blind in both eyes
 Blind in one eye Don't know

7. Has your pet had any other eye problems? Yes No

8. Has any surgery been performed on your pet's eye(s)? Yes No

What type? _____

9. Has your pet's sire, dam or littermates ever had an eye problem?

- Yes What kind? _____
 No Don't know

10. Is your pet receiving any other medication?

- Yes What kind? _____
 No Don't know