

# THE ANIMAL OPHTHALMOLOGY CENTER

1300 W. Grand River Avenue, /M-43 Williamston, MI 48895\*\*  
Phone: 517-655-2777 ♦ FAX: 517-655-2723 TOLL FREE: 877-655-6446

**REFERRING VETERINARIAN:** \_\_\_\_\_ **DATE OF APPOINTMENT:** \_\_\_\_\_

Name: Dr. \_\_\_\_\_ Check if any of this data is new since your last referral:

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_  FAX: \_\_\_\_\_  Email: \_\_\_\_\_

**Please indicate if your clinic can or cannot measure intraocular pressures (circle one):**

We have a Tonopen/Tonovet      We have a Schiotz      We cannot measure IOP's

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**OWNER:**

Name: \_\_\_\_\_ Salutation: Dr. Mr. Mrs. Ms.

Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**PATIENT:**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: M MN F FS Oth/Unk      Date of Birth: \_\_\_/\_\_\_/\_\_\_ Color(s): \_\_\_\_\_

Reason for Referral/Provisional Diagnosis: \_\_\_\_\_

\*History: \_\_\_\_\_

\*Ophthalmic Findings: \_\_\_\_\_

\*Physical Examination Findings: \_\_\_\_\_

\*Current Treatment/Medication(s): \_\_\_\_\_

Please attach photocopies of supporting laboratory data:

\_\_\_\_\_  
Signature of Referring Veterinarian

**\*\*ACTUAL ADDRESS:**

1300 West Grand River Avenue/M-43  
Williamston, MI 48895  
[www.eyevet.com](http://www.eyevet.com) | [animaleyes1@gmail.com](mailto:animaleyes1@gmail.com)

**\*\*GPS ADDRESS:**

101 Church Hill Downs Blvd  
Williamston, MI 48895

\*\*GPS address works better than our actual address, but may not be 100% reliable. **PLEASE CHECK YOUR GPS RESULTS AGAINST OUR WEBSITE'S WRITTEN DIRECTIONS TO ENSURE ACCURACY. DO NOT RELY ON GPS ALONE!!**