

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: _____ E-mail: _____

Please indicate if your clinic can or cannot measure intraocular pressures:

OWNER:

Name: _____

Address: _____

Street City State Zip Code

Phone: _____ Cell Phone: _____ Email: _____

PATIENT:

Name: _____ Species: _____ Breed: _____

Sex: _____ 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.eye-vet.com | 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!!