

Please return to:
Companion Animal Ophthalmology
Advice
email: eyes@uoguelph.ca

Advice Request Companion Animal Ophthalmology Service

Please note: This service provides medical consultation and advice to **VETERINARIANS ONLY**

Veterinary Clinic Information	
Date Submitted: _____	Clinic Name: _____
Phone Number: _____	Email Address: _____
Primary Contact Veterinarian: _____	Alternate Contact Veterinarian: _____

Patient Information
Breed: _____ Sex: _____ Age: _____
Primary or Presenting Problem: _____
Case Summary – Please include salient features of the history, physical examination and ocular evaluation, treatment to date (if any) and response to therapy. Do not forward entire files / medical records as these will not be reviewed.
When did symptoms start: _____
Getting better, stable, or worse: _____
Current medications: _____
Neuro – ophthalmic exam findings: _____
Schirmer Tear Test: _____
Fluorescein: _____
Tonometry: _____
Salient ocular exam Findings: _____

Specific questions or concerns to be addressed:
1) _____
2) _____
3) _____
4) _____

Please include **original copies** of **pertinent** laboratory data.

Total number of attachments included in email: _____

Requests for advice will be returned by email (in most cases) **between 9am and 4pm**. We strive to respond to all consults **within 1-2 business days**.

This consultation service is intended to provide information, advice and guidance regarding feline and canine medical ocular issues and conditions. The information provided by the consultants is an educational service only. Regarding individual patients, the consultation service does not replace the primary care veterinarian's independent judgment regarding the appropriateness of a diagnosis and the risks and benefits of a procedure or treatment. All health care decisions are the responsibility of the primary care veterinarian.