

VET-TO-VET CONSULT SUBMISSION FORM



True North Veterinary Eye Care

Please fill out form and send to hello@truenorthveteye.com.
****PLEASE NOTE THAT PREPAYMENT IS REQUIRED****

Clinic Information

Name:	_____	Phone:	_____
Address:	_____	E-mail:	_____
Doctor:	_____	Date:	_____

Patient Information

Owners Name:	_____	Patients Name:	_____
Species/ Breed:	_____	Sex:	_____
Age (DOB):	_____	Spayed/ Neutered:	_____

All submissions will receive a detailed email report from Dr. Hsu. The report and invoice for payment will be emailed to the primary care clinic provided.

*****With your submission, please complete for each eye, a Schirmer tear test, intraocular pressures, and fluorescein stain unless contradicted. Please also send pictures of the eye(s) with the abnormality in question in focus.*****

Ophthalmic Medical History

******What is this pet's ophthalmic medical history? Please list eye(s) affected, tentative diagnosis, procedures/surgeries, etc.******

Consultation Type and Payment:

Please select your consultation type (PAYMENT REQUIRED AT TIME OF SUBMISSION):

- ☐ **New Patient Vet-to-Vet Consultation: 161.91, plus tax**
- ☐ **Recheck Patient Vet-to-Vet Consultation: 114.29, plus tax**

**THANK YOU FOR YOUR
VET-TO-VET CONSULT
SUBMISSION!**

You can pay via credit card over the phone (431-932-8783) or via e-transfer to our email address, hello@truenorthveteye.com. Payment is required at time of submission. We will not proceed with the submission until the payment is received.