

**Internal Medicine**

Terry Medinger, DVM, MS  
Diplomate, ACVIM  
Medical Director

**Cardiology**

Kelly Wessberg, DVM  
Diplomate, ACVIM (Cardiology)

**Dermatology**

Jennifer Matousek, DVM, MS  
Diplomate, ACVD

Lindsay McKay, DVM  
Diplomate, ACVD

**Neurology**

Miyu Mercier, DVM  
Diplomate, ACVIM (Neurology)

Nora Ortinou, DVM  
Diplomate, ACVIM (Neurology)

**Ophthalmology**

Enry Garcia da Silva, DVM, MS  
Diplomate, ACVO

**Oncology/Hematology**

Shawna Greene, DVM, MS  
Diplomate, ACVIM (Oncology)

**Radiation Oncology**

April Clark, DVM, MS  
Practice Limited to  
Radiation Oncology

**Radiology**

Matthew Bischoff, DVM, MS  
Diplomate, ACVR

Donna Almondia, VMD  
Diplomate, ACVR

**Surgery**

Steven Abel, DVM  
Diplomate, ACVS

John Peacock, DVM  
Diplomate, ACVS

**Critical Care**

Sheila McCullough, DVM, MS  
Diplomate, ACVIM, ACVECC

Caroline Tonozzi, DVM  
Diplomate, ACVECC

*A Diplomate distinction is the highest level of veterinary medicine awarded by specialty associations for advanced training and medical achievements.*

**VCA Aurora Animal Hospital**

2600 W. Galena Blvd.  
Aurora, IL 60506  
Phone: (630) 301-6100  
Fax: (310) 979-5493

Dear New Ophthalmology Client:

Welcome and thank you for choosing VCA Aurora Animal Hospital. We are committed to providing you and your pet with the best possible care. In order for us to do that, we ask that you have referral information from your primary care veterinarian faxed to us at 630-301-6137 at least 24 hours before your visit. In addition, please complete the new patient form (found on our website) regarding your pet's current eye problems and bring it with you to the initial visit. This information will aid us in focusing on the progression of the disease process over time and in providing details about past treatments and their results.

Please remember the following:

- Use all of your previously prescribed medications as directed – do NOT stop any medications
- Bring all of your pet's medications with you to the appointment
- If you have a plastic e-collar for your pet, bring it with you to the appointment

Factors such as the cost of the visits, treatments, and time spent on appointments can be a surprise to someone who is unfamiliar with a veterinary ophthalmologist. You should plan on spending up to 2 hours at the clinic with your pet on your first appointment. This visit is usually the longest and subsequent visits are usually 30-60 minutes unless a procedure is done.

Generally speaking, the cost of the initial visit averages \$225 - \$280 without medications. This estimate includes the initial consultation, examination fee and preliminary eye tests that will assist in the diagnosis of your pet's ocular condition. It is difficult to predict cost of medications dispensed as this varies with the diagnosis. Repeat visits are often necessary in order to complete the work-up. However, recheck examinations and diagnostics often average \$150 - \$200, plus the cost of medications.

Should you need to cancel or reschedule an appointment, we ask that you let us know at least 48 hours in advance in order for us to fill the appointment with pets from our waiting list. Please do not hesitate to call the office if you have any questions regarding your appointment. We look forward to meeting you and your pet!

Enry Garcia da Silva, DVM, MS  
Specialist, Veterinary Ophthalmology  
Diplomate, ACVO  
American College of Veterinary Ophthalmologists

## OPHTHALMOLOGY NEW CLIENT FORM

Mr. Mrs.

Ms. Dr. Responsible Party: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Referring veterinarian \_\_\_\_\_

Regular Animal Hospital: \_\_\_\_\_

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### Please complete the following for the pet we are examining today:

Pet's  
Name \_\_\_\_\_ Dog/Cat/Other \_\_\_\_\_ Breed \_\_\_\_\_

Age or Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ (Spayed/Neutered) Color \_\_\_\_\_

Please list any allergies your pet has: \_\_\_\_\_

Please list medications your pet is taking: \_\_\_\_\_

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### Initial Eye Exam History

1. Which eye is currently having a problem? Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_

2. Please describe the nature and duration of the current eye condition:

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3. Please describe any eye problems your pet has had in the past? Indicate which eye and the duration of the problem. \_\_\_\_\_

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4. Does your pet sleep with his eyes: \_\_\_open \_\_\_partially open\_\_\_closed \_\_\_unsure

5. Please check all that apply:

- My pet runs into objects in unfamiliar areas.
- My pet refuses to move around or is sleeping more than usual.
- My pet is unwilling to jump or climb.
- My pet is not playing with his toys.
- My pet does not move around and/or has trouble seeing in the dark.
- My pet's personality has changed.
- My pet is walking differently.
- My pet has trouble seeing in bright light.
- Other, please describe \_\_\_\_\_

6. Please let us know where your pet has traveled: \_\_\_\_\_

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7. Have you ever found a tick on you pet? \_\_\_\_\_

8. Please describe any other symptoms your pet is exhibiting: \_\_\_\_\_

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9. Is your pet current on his vaccines? \_\_\_yes \_\_\_no \_\_\_due \_\_\_unsure

10. Please describe any recent lab work or dental procedures recently performed on your pet: \_\_\_\_\_

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