



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: _____

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: _____

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:

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

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: _____

7. Have you ever found a tick on you pet? _____

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

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: _____
