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Complimentary Case Review Form

Primary Care Veterinarian: Dr. _____

Clinic Name: _____

Email: _____

Best Phone Number to Contact You Regarding This Case: _____

Owner:

Name: _____

Best Contact Phone: _____

Patient:

Name: _____ Species: _____ Breed: _____ Weight: _____

Sex: Male / Female Castrated / Spayed

Date of Birth: _____ Color: _____ Temperament: _____

Eye Involved: _____

Duration of Signs: _____

Schirmer tear test results (OD/OS): _____ / _____

Fluorescein stain results (OD/OS): _____ / _____

Intraocular pressure results (OD/OS): _____ / _____

Tonopen/Tonovet (circle one)

History and underlying comorbidities:

Clinical Signs/Ophthalmic Findings/Diagnostic Tests:

Current Treatment/Medications:

If lab work has been performed in the last three months please attach copies