

Pet Owner Evaluation and Feedback

Owner First Name: _____ Last Name: _____

Pet's Name: ELI Species: DOG Breed: LAB/RET Age: 4.8
(dog/cat/bird/other)

Initial start date in clinical trial: 12 02 07
07 12 08
(Month) (Day) (Year)

Owner observation of animal pretreatment (please provide your comments):

Eye appearance VERY BAD

Pet's visual capacity NOT GOOD HARD GOING UP & DOWN STAIRS
COU

Pet's navigational skills (playfulness, ability to follow movements, catch treats, use stairs, etc) _____

COULDN'T GO UP & DOWN STAIRS GOOD COULDN'T CATCH FRISBEE

Owner observation of animal post 8 week treatment (please provide your comments):

Eye appearance GOOD

Pet's visual capacity GOOD

Pet's navigational skills (playfulness, ability to follow movements, catch treats, use stairs, etc) CATCHES
FRISBEE, UP & DOWN STAIRS (EVEN IN DARK TO DIM LIGHTING)
CATCHES TREATS, BALLS ECT.

Maintenance dosing observations and additional comments as of: 10 1 18 05

Eye appearance GOOD

Pet's visual capacity GOOD (MAINTENANCE DOSE) 2 DROPS PER DAY

Pet's navigational skills (playfulness, ability to follow movements, catch treats, use stairs, etc) VERY GOOD
UP & DOWN FROM PICKUP TRUCK BED, UP & DOWN STAIRS IN DARK
CATCHES TREATS

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