

OcluVet Clinical Trial Follow-Up Form
Pet Owner Evaluation and Feedback

Owner First Name: _____ Last Name: _____

Pet's Name: Bobby Species: Dog Breed: Boston Terrier Age: 6
(dog/cat/bird/other)

Initial start date in clinical trial: 1/1/1 Hospital: Metropolitan
(Month) (Day) (Year)

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

Eye appearance Cloudy

Pet's visual capacity Fair

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

Some difficulty following ball when playing catch

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

Eye appearance better-clearer

Pet's visual capacity fair amount of improvement

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

improvement following ball when playing catch

Maintenance dosing observations and additional comments as of: 3/05/06

Eye appearance Right eye seems clearer. left eye still cloudy

Pet's visual capacity slight improvement since post 8-week treatment

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

Doing well