

ARBOR ANIMAL HOSPITAL
Diabetic Patient Admission Form

Veterinary service is provided after business hours when deemed necessary in the judgment of the veterinarian in charge. The continuous presence of qualified personnel may not be provided during these hours.

TODAY'S DATE _____

OWNER'S NAME _____ PET'S NAME _____

TELEPHONE NUMBER(s) _____

The best time to call me today is: _____

(We need your number in case we have questions about your pet.)

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I know that pets admitted to ARBOR ANIMAL HOSPITAL must be free of fleas and current on vaccinations! I understand that pets arriving with fleas will be charged for a bath.

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My pet's vaccinations: ARE CURRENT _____ NEED A BOOSTER _____

The last time my pet ate was: LAST NIGHT _____ THIS MORNING _____

My diabetic pet uses this type of insulin: _____

Recent urine test results: LAST NIGHT _____ THIS MORNING _____

Recent insulin doses were: LAST NIGHT _____ THIS MORNING _____

My pet is also on medication: _____

MEDICATION was last given: Last Night _____ This Morning _____

My pet has an appointment for boarding from: _____ **until:** _____

IN ADDITION to boarding, I also want the Doctor to examine my pet's:

Skin _____ Ears _____ Eyes _____

Stool _____ Lameness _____

Other Problem _____

I want the Doctor to examine and treat this problem as needed. _____

I want the Doctor to examine this problem but talk to me before this problem is treated. _____

I DO authorize sedation for my pet, if necessary _____

I DO NOT authorize sedation for my pet. _____

If my pet needs treatment OTHER than what I requested above:

Don't wait. Please provide treatment as necessary. _____

WAIT! Call me before any treatment! _____

OWNER SIGNATURE _____