

Diabetic Patient Information Sheet

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

Today's Date: _____

Owner's Last Name: _____ **Pet(s) Name:** _____

Pet(s) will board from: _____ to _____

If there are questions about my pet(s) during boarding, call me at:

Telephone Number: _____ **Alternate Telephone:** _____

If my pet has a health problem while boarding, and I cannot be reached, please call the following person(s), authorized to care for my pet(s) during my absence:

Name: _____ Phone: _____ Name: _____ Phone: _____

I know that pets admitted to **Arbor Animal Hospital** must be current on vaccinations and free of fleas! I understand that pets arriving with fleas will be charged for a bath, and pets needing vaccinations will be charged for them.

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

The last time my pet ate was: Last Night: _____ @ _____ / This Morning: _____ @ _____

My diabetic pet uses this type of insulin: _____ Last given: _____ @ _____ Units: _____

The last time I walked my pet was: Last Night: _____ @ _____ / This Morning: _____ @ _____

Are your pets currently taking medication? Yes: _____ No: _____

If so, what medication(s): _____

The medication was LAST given? Last Night: _____ @ _____ / This Morning: _____ @ _____

Does your pet have any known allergies? Yes: _____ No: _____ If so, to what? _____

My pet(s) has an appointment for boarding from: _____ to _____

MY PET IS SCHEDULED FOR THE FOLLOWING:

SURGERY _____ DENTISTRY _____ XRAYs _____ LAB WORK _____ ULTRASOUND _____
LASER PROCEDURE _____ BATH _____ MICROCHIP _____ SKIN _____ EARS _____
EYES _____ STOOL _____ LAMENESS _____ OTHER: _____

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

_____ I authorize the Doctor to treat my pet as required, including euthanasia, if necessary.

_____ I authorize the Doctor to treat my pet as required, except for euthanasia.

_____ I DO NOT authorize any treatment other than what I requested.

OWNER'S SIGNATURE: _____ DATE: _____