

Companion Animal Hospital
Diabetic Pet Admission Form

Owner / Name on File _____

Pet Name _____

Please provide the following essential information as completely as possible:

Type of food your pet eats: Canned Dry **Brand and Name** _____

- What time(s) of day do you feed your pet? _____ am _____ pm
- Amount per feeding: _____ am _____ pm
- Was your pet fed today? YES NO If yes, when? _____
- Did your pet eat? Ate well Ate half Ate a little Would not eat

- Does your pet receive any treats? YES NO
If yes, please list what type, the amount, and usual time(s) given _____

Is water given: Free choice, *or is it* controlled? If controlled, how much? _____

Type of insulin you are currently giving: _____

- What time(s) do you administer insulin? _____ am _____ pm
Amount given: _____
- Did your pet receive insulin this morning? YES NO
If yes, what time? _____ How much was given? _____

How much exercise does your pet get daily?

Sedentary Mild (brief walks, playtime) Moderate Heavy (jogs, etc)

Please list all other medications and supplements your pet is taking below:

Medication	Amount (dose)	Frequency (times)	Last Given

Please tell us about any other information you can think of that may help us treat your pet and/or regulate their diabetes: *(other symptoms, health concerns, etc.)*

Our physical exam fee if needed is \$59.00. A blood glucose curve is \$88.00, and a fructosamine level is \$97.00. Additional diagnostics not listed on this form may also be necessary.

If you have not received an estimate for today's treatment(s) please ask the technician for one before you leave.

Your Name (print) _____

Contact Phone Numbers _____

Signature _____ Date _____