

Arguello Pet Hospital Diabetic Drop-Off Sheet

Name		Date		Pets Name	
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Daytime Phone#		Evening Phone	
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Who is your doctor today	
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Type of Insulin	
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Today	
Time insulin last given?	
Amount of insulin given?	
Time last fed?	
What was fed?	
Amount of food eaten?	

Is urination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please explain
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Is drinking normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please explain
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Is behavior normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please explain
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Do you authorize Blood/Urine Glucose Tests and Treatment if needed? Yes No

Would you like to be called prior to Tests and Treatment? Yes No

Please use the following for any additional notes, requests while your pet is here today.	
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I am the owner, responsible/authorized agent of this pet. I authorize the veterinarians and staff of Arguello Pet Hospital to perform all procedures set forth above. I understand all the risks involved, and that an attendant is not on the premises 24 hours per day. I agree to pay in full for all services performed.

Client Signature: _____ Date: _____