



DIABETIC BOARDER ADMISSION/INFORMATION FORM

NAME: _____ PET'S NAME: _____ DATE: _____

I understand that my diabetic pet is a **HOSPITALIZED BOARDER** and will stay in the hospital treatment ward under the care of a veterinary technician,, who along with the veterinary staff, will monitor my pet's needs daily. I am aware that Countryside Veterinary Hospital will not board my diabetic pet in their standard boarding facility due to my pet's special medical needs. **I understand that the daily fee for hospitalized boarding is \$51.00.**

In the event that my pet's diabetic needs change while boarding (for example: decreased appetite, unfamiliar environmental induced stress, etc...) the staff veterinarian at Countryside will promptly treat my pet's acute medical condition (**with any additional fees added to my invoice**), then attempt to notify me of my pet's status, and to make me aware of the changes in my invoice. I will leave a phone number, below, where the attending veterinarian can directly contact me.

Failure to complete this form for each boarding stay prevents us from treating your pet appropriately. Please do not leave any question below unanswered. Syringes and insulin can be provided at additional cost if necessary in most cases.

I have read and I agree with the above statement (signature): _____

Emergency phone number _____

TYPE OF INSULIN (check off type):

- ____ NPH (Humulin)
- ____ LENTE (Humulin)
- ____ ULTRALENTE (Humulin)
- ____ PZI
- ____ OTHER _____

FREQUENCY (check off)

- ____ ONCE DAILY
- ____ TWICE DAILY

WHAT TIME DID YOUR PET LAST EAT?: _____

NUMBER OF UNITS GIVEN EACH TIME: _____ (Be sure to note if different doses are given at different times of day.)

WHEN DO YOU NORMALLY GIVE THE INSULIN?: _____

WHAT FOOD DOES YOUR PET NORMALLY EAT? _____

HOW OFTEN IS YOUR PET FED? _____

HOW MUCH DO YOU FEED AT EACH FEEDING? _____

DID YOU BRING THE INSULIN?: ___ YES ___ NO

DID YOU BRING SYRINGES?: ___ YES ___ NO

WHAT SIZE SYRINGES DO YOU USE? ___ U40 ___ U 100

DID YOUR PET GET INSULIN TODAY? ___ YES ___ NO

IF SO, WHEN WAS THE MOST RECENT DOSE? _____ AM/PM (CIRCLE)

END OF FORM