



LakeCross Veterinary Hospital
DIABETIC/GLUCOSE CURVE DROP-OFF

Today's Date:		Preferred Phone Number:	
	CLIENT INFORMATION		PATIENT INFORMATION
Client:		Name:	
Address:		Species/Breed:	
		Date of Birth:	
Phone:		Sex:	
Email:		Current Weight:	
PLEASE ANSWER THESE QUESTIONS ABOUT YOUR PET'S DIABETES			
Type of insulin:		Time of last dose:	
Units given in AM:		Units given in PM:	
Time of AM dose:		Time of PM dose:	
Do you administer the insulin after your pet has eaten?	<input type="checkbox"/> Y <input type="checkbox"/> N		
How long after a meal do you administer the insulin?			
Is your pet doing any of the following?	<input type="checkbox"/> Drinking a lot of water <input type="checkbox"/> Urinating more frequently		
Have either of the following changed since your pet's last visit?	<input type="checkbox"/> His/Her appetite <input type="checkbox"/> His/Her Energy level		
Overall, how do you feel about your diabetic pet's health?			
Is there anything else you would like your pet's doctor to know?			
AUTHORIZATION FOR BOARDING RELEASE AND MEDICAL TREATMENT			
<p>I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent. I agree to indemnify and hold LakeCross Veterinary Hospital, P.A. harmless from and against any and all liability arising out of the performance of the procedures for which my pet is being seen today.</p>			
<hr style="border: none; border-top: 1px solid black;"/> Owner/Agent signature		<hr style="border: none; border-top: 1px solid black;"/> Date	