



Drop Off Form for Diabetic Patient

Client Name: _____ Patient: _____

Telephone number: It is imperative that the doctor be able to reach you by phone on the day of your drop off appointment. After the doctor examines your pet they will call you to discuss their recommendations for your pet. No additional testing or diagnostics will be started until the doctor speaks with you.

(_____) _____ - _____ between the hours of _____

(_____) _____ - _____ between the hours of _____

Please provide the following essential information as completely as possible on each of your visits:

Type of food your pet eats: _____

What time of day do you feed your pet? AM [] PM [] Free Feed []

What amount of food do you give at each meal? _____

Was your pet fed today? Yes [] No [] If yes, at what time? _____

Did your pet eat well today? Ate Well [] Ate Half []

Type of insulin are you giving? _____

What time(s) of day do you administer insulin? ____:____ AM ____:____ PM

What amount of insulin do you give? _____

Did your pet receive insulin this morning? Yes [] No [] If yes, what time? _____

Since your last visit have you noticed any changes in your pet's drinking habits?

Since your last visit have your pet's urinary habits changed? _____

I am the owner of the animal described above and I authorize and request that this pet be given a physical examination by the doctors of Amigo Animal Hospital. I accept full financial responsibility for all tests and treatments that are performed on my pet. I understand that payment is due in full when pet is discharged.

Signature: _____

Date: _____