

Trumbull Animal Hospital Diabetic Patient Boarding Admission Form

Patient Name: _____

Client Name: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Admission Date: _____ **Discharge date:** _____

In order to board at our facility, your pet must be current on **Rabies and Distemper vaccines** and have a **negative fecal within the last 6 months**. If your pet does not have a current fecal, one will be obtained while boarding and vaccines will be updated at your cost.

We supply Science Diet dry and canned food to our boarders; however, it is best to avoid diet changes that can lead to gastrointestinal upset so you may provide your own food for your pet. Prescription diets must be supplied or purchased through the hospital.

Please list any supplied food or treats with feeding instructions:

<u>FOOD</u>	<u>Amount per meal</u>	<u>Frequency</u>
Dry:		
Wet:		
Treats:	Time of Pet's Last Meal	am / pm
Special Instructions:		

Medications: Please list all medications your pet is currently taking

<u>Medication</u>	<u>Dosage Instructions</u>	<u>Date and time last given</u>
1)		
2)		
3)		

DIABETIC PET QUESTIONS:

Have you noticed your pet drinking more frequently? _____ urinating more frequently? _____

Have you noticed any change in your pet's eating habits? _____

Have you noticed any attitude or behavioral changes in your pet? _____

*****In the event that your pet is not eating or exhibiting signs of hypoglycemia, glucose monitoring might be required prior to insulin administration. Fees will be applied. *****

Belongings brought:

<input type="checkbox"/> Dry / Wet Food	<input type="checkbox"/> Bed/Blanket	<input type="checkbox"/> Toys
<input type="checkbox"/> Treats	<input type="checkbox"/> Collar or Harness	
<input type="checkbox"/> Food/ Water Bowls	<input type="checkbox"/> Leash	<input type="checkbox"/> Others
<input type="checkbox"/> Medications	<input type="checkbox"/> Syringes	

Permission for treatment

In case of emergency or illness, the staff of Trumbull Animal Hospital will make reasonable attempt to contact you or your designated representative. In the event that you cannot be reached, you hereby give permission to the doctors & staff of Trumbull Animal Hospital to perform treatments or give medication as deemed necessary. You will be responsible for any additional charges at the time of discharge.

Signature: _____ **Date:** _____