



Diabetic Check-In Form

Client's Name _____ Patient's Name _____

Canine Feline Spayed / Neutered

Phone number(s) where you can be reached: _____

****WE NEED YOUR PET'S BOTTLE OF INSULIN WHILE THE PET IS WITH US****

What is your pet's current insulin dosage? _____ units _____ time(s) daily

Date and Time last insulin injection given? _____

Date and Time your pet last ate: _____

What diet does your pet eat? _____

Is your pet...

Acting Normal

Eating less

Drinking water excessively

Urinating more frequently

Lethargic

Having difficulty seeing things

Eating more

Due to have a glucose level checked

Other: _____

Frequently while boarding, diabetic patients are noticed to have one or more of these symptoms. If this occurs, we will examine your pet, and perform necessary treatment, blood tests, and insulin dosage adjustments, at the owner's expense. Please indicate if you would like us to call you before there treatments/tests are preformed.

Please call No call needed

Signature

Date

VCA Preston Park Animal Hospital

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AT VCA ANIMAL HOSPITALS, WE CARE