

# 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 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 sent to the lab at a cost of \$42.00, and vaccines will be updated at your cost.

## **DIABETIC PET QUESTIONS:**

- Did your pet eat this morning? \_\_\_\_\_ If so, what time? \_\_\_\_\_
- Did your pet receive insulin this morning? \_\_\_\_\_ If so, what time? \_\_\_\_\_ At what dosage? \_\_\_\_\_
- Have you noticed your pet drinking more frequently? \_\_\_\_\_
- Have you noticed your pet urinating more frequently? \_\_\_\_\_
- Have you noticed any attitude or behavioral changes in your pet? \_\_\_\_\_
- Have you noticed any change in your pet's eating habits? \_\_\_\_\_
- Are you bringing your own insulin & syringes? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

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:**

\_\_\_\_\_  
\_\_\_\_\_

We supply warm bedding, clean food & water dishes. Please list any personal belongings you are leaving with you pet. We can not be responsible for any damage to items left with your pet. All property should be clearly marked with your name.

## **Belongings brought:**

\_\_\_\_\_  
\_\_\_\_\_

## **Please indicate any other medications or special treatments your pet will require while boarding. All medications must remain in original dispensing bottles with instructions and pet's name:**

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, 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 as deemed necessary. You will be responsible for any emergency charges at the time of discharge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_