



# 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 Westside Animal Hospital

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