

Chesapeake Veterinary Hospital, Inc.

(410) 643-3101

Diabetes Admittance Consent Form

Date: _____

Client ID: _____

Patient ID: _____

Client Name: _____

Name: _____

Telephone: _____

Color: _____

Birth Date: _____

I hereby certify that I am the owner of the above-named animal, or am responsible for it and have the authority of the owner to execute this consent. I hereby authorize the performance of the following procedure(S):

Please take the time to answer the following questions so that we might better server you and your pet:

Feeding:

Diet being fed & amount? _____

What time was food last given? _____

How much was eaten? _____

Insulin:

Which insulin are you currently using? _____

How many units are being given? _____

How many times per day is insulin given? _____

When/what time was insulin last given? _____

Does your pet exhibit any of the following symptoms?

- | | | | |
|------------------------------|--|----------------------------|--|
| • Increased Thirst/Urination | Yes <input type="checkbox"/> No <input type="checkbox"/> | Decreased Thirst/Urination | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Increased Appetite | Yes <input type="checkbox"/> No <input type="checkbox"/> | Decreased Appetite | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Vomiting | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diarrhea | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Lethargy | Yes <input type="checkbox"/> No <input type="checkbox"/> | Hyperactivity | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Weight gain | Yes <input type="checkbox"/> No <input type="checkbox"/> | Weight loss | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Other: | _____ | | |

Patient's Medications including non-prescription drugs/supplements

- Medication #1 _____
- Dosing amount and frequency _____
- Time last taken _____
- Medication #2 _____
- Dosing amount and frequency _____
- Time last taken _____

I agree to indemnify and hold Chesapeake Veterinary Hospital, Inc. harmless from and against any and all liability arising Out of the performance of any of the procedures referred to above.

Signature of legal owner or responsible person _____

AT WHAT NUMBER CAN YOU BE CONTACTED TODAY? _____