

*Companion Animal Hospital*  
**Diabetic Pet Admission Form**

**Owner / Name on File** \_\_\_\_\_

**Pet Name** \_\_\_\_\_

*Please provide the following essential information as completely as possible:*

**Type of food your pet eats:** † **Canned** † **Dry** † **Brand and Name** \_\_\_\_\_

- What time(s) of day do you feed your pet? \_\_\_\_\_ am \_\_\_\_\_ pm
- Amount per feeding: \_\_\_\_\_ am \_\_\_\_\_ pm
- Was your pet fed today? † YES † NO If yes, when? \_\_\_\_\_
- Did your pet eat? † Ate well † Ate half † Ate a little † Would not eat
  
- Does your pet receive any treats? † YES † NO  
If yes, please list what type, the amount, and usual time(s) given \_\_\_\_\_

Is water given: † Free choice, *or is it* † controlled? If controlled, how much? \_\_\_\_\_

**Type of insulin you are currently giving:** \_\_\_\_\_

- What time(s) do you administer insulin? \_\_\_\_\_ am \_\_\_\_\_ pm  
*Amount given:* \_\_\_\_\_
- Did your pet receive insulin this morning? † YES † NO  
*If yes, what time? \_\_\_\_\_ How much was given? \_\_\_\_\_*

**How much exercise does your pet get daily?**

† Sedentary † Mild (brief walks, playtime) † Moderate † Heavy (jogs, etc)

**Please list all other medications and supplements your pet is taking below:**

Medication	Amount (dose)	Frequency (times)	Last Given

**Please tell us about any other information you can think of that may help us treat your pet and/or regulate their diabetes:** *(other symptoms, health concerns, etc.)*

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

**Our physical exam fee if needed is \$72.00. A blood glucose curve is \$88.00, and a fructosamine level is \$97.00. Additional diagnostics not listed on this form may also be necessary.**

**If you have not received an estimate for today's treatment(s) please ask the technician for one before you leave.**

**Your Name (print)** \_\_\_\_\_

**Contact Phone Numbers** \_\_\_\_\_

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