

Date: _____ Client: _____ Patient: _____

Diabetic Drop-Off History and Consent Form

Last dose of insulin: _____ Insulin Type: _____ Amount Given: _____ Time: _____
Time fed: _____ Food given and amount: _____ Amount eaten: _____

Vomiting (if yes, describe and give length of time): Yes/No _____

Diarrhea (if yes, describe and give length of time): Yes/No _____

Eating: Normal/decrease/increased/not eating _____ How long has there been a change? _____

Drinking: Normal/decrease/increased/not drinking _____ How long has there been a change? _____

Urinating: Normal/decrease/increased/not urinating _____ How long has there been a change? _____

Does he/she get up at night to urinate/is the litterbox more full than normal? _____

Is he/she having accidents in the house? _____

Changes in behavior (describe; i.e. more tired, sleeping more, hiding more, lameness, etc): _____

What is your general assessment of how your pet is doing with his/her diabetes? _____

Has your pet had any episodes of weakness, tremors, seizures? _____

Have you noticed any changes in your pet such as cloudiness to eyes, difference in walking/posture, changes in mental status (confusion or disorientation), weight loss? _____

Do you have any other concerns about your pet? Are you having any problems with your insulin or monitoring technique or equipment? _____

Possible Additional Costs: After an initial examination, we may recommend bloodwork, urinalysis, radiographs or other treatments or procedures. **PLEASE CHOOSE ONLY ONE OPTION**

- Perform any diagnostics or procedures that the Doctor feels necessary. I agree to assume financial responsibility for these charges.
- Call me after the physical exam and provide an estimate of any additional procedures. I understand that if I cannot be contacted at this number, necessary radiographs, bloodwork, or other diagnostic and or minor treatment procedures will be performed. I agree to assume financial responsibility for these additional charges. Major surgeries or medical procedures will not be performed until we are able to contact you.
- Recommended tests up to \$_____ then call (indicate maximum dollar amount you are willing to pay for recommended test before you wish to be called. This amount is for diagnostics only, not treatment. You will be called to discuss results of tests before treatment is started unless we are instructed otherwise.)
- Call me after the physical exam and provide an estimate of any additional diagnostics or procedures. Do not proceed without authorization. I understand that if I cannot be contacted at this number no diagnostics or other treatments or procedures will be performed and I will assume all responsibility for any complications this decision may cause for my pet.
- Blood glucose curve okay: ____ Yes ____ No

____ Payment is expected when services are rendered. Should I fail to pay at any time any portion of the bill for my pet's care, I agree to pay the costs of all delinquency charges, collection charges and reasonable attorney's fees. I have read and understand this authorization of consent. I agree to pay the balance of all fees at the time of my pet's discharge.

Signature: _____ Date: _____

Phone number(s): _____