



BELMONT SHORE
VETERINARY HOSPITAL
Rachel Sitler, DVM, Elyse Frank, DVM
Loren Eslinger, DVM, ABVP

Drop Off Information for the Diabetic Patient

Client Name: _____

Date: _____

Patient Name: _____

Telephone number where you can be reached today: It is imperative that the doctor be able to reach you by phone on the day of your drop off appointment. After the doctor examines your pet they will call you to discuss their recommendations for your pet. No additional testing, treating, or diagnostics will be started before the doctor speaks with you.

() _____ between the hours of _____

() _____ between the hours of _____

Please provide the following essential information as completely as possible on each of your visits:

Type of food your pet eats: _____

What time(s) of day do you feed your pet? _____AM _____PM or _____free choice

What amount of food do you give at each meal? _____

Was your pet fed today? [] Yes [] No If yes, at what time? _____

Did your pet eat well? [] Ate well [] Ate half [] Did not eat

Type of insulin you are giving? _____

What times of day do you administer insulin? _____AM _____PM

What amount of insulin do you give? _____

Did your pet receive insulin this morning? [] Yes [] No If yes, what time? _____

Since your last visit have you noticed any changes in your pet's appetite? _____

Eating Less [] Eating More []

Since your last visit have you noticed any changes in your pet's drinking habits? _____

Since your last visit have your pet's urinary habits changed? _____

I am the owner/agent of the animal described above and I authorize and request that this pet be given a physical examination by the doctors of Belmont Shore Veterinary Hospital. I accept full financial responsibility for all tests and treatments that are performed on my pet. I understand that payment is due in full when my pet is discharged.

Signed: _____

Date: _____