



**Diabetic Condo Admission Form**

Client name: \_\_\_\_\_ Pet's name: \_\_\_\_\_ Client #: \_\_\_\_\_  
Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

**For your pet's protection, all vaccines must be current.** If not, treatment will be done and fees will apply. Please provide proof of vaccination if not administered at the Victoria Veterinary Clinic.

**Our deluxe accommodations include an airy and spacious suite complete with different levels to perch on and a cat house for quiet time. We also include maid service twice a day and access to the playroom where they can play with toys or just lounge on the chair in front the fish tank.**

**Food:**

AM: Dry Food. Amount: \_\_\_\_\_  
Wet Food. Amount: \_\_\_\_\_  
PM: Dry Food. Amount: \_\_\_\_\_  
Wet Food. Amount: \_\_\_\_\_

My pet:

- Always finishes his/her food
- Eats 1/2 to 3/4 of food
- Eats lightly
- Other: \_\_\_\_\_

Normal Water Consumption:  
High  Normal  Low

Normal Urine Volume:  
High  Normal  Low

\*\*If food runs out, we will select the appropriate replacement and add to invoice.

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Insulin:**

Type of insulin: \_\_\_\_\_  
AM unit amount: \_\_\_\_\_ Time: \_\_\_\_\_  
PM unit amount: \_\_\_\_\_ Time: \_\_\_\_\_  
Last given: \_\_\_\_\_

**Other Medication Schedule:**

	Amount Given AM	Amount Given PM	Last Given
1)			
2)			
3)			

When was your cat last tested to determine blood-glucose levels? \_\_\_\_\_  
Any recent vomiting or diarrhea? \_\_\_\_\_  
How is your pet's appetite in response to stress? \_\_\_\_\_  
Any other health issues? \_\_\_\_\_

Articles that you brought: \_\_\_\_\_  
\_\_\_\_\_

**\*\*Once in boarding, animals that are not eating or are otherwise doing poorly, may be hospitalized at the owner's expense. Hospitalized boarding can range from \$80-100/night + any additional medical costs associated with their stay.\*\***



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**Daily Rates**

<input type="radio"/> Standard condo	\$16.80 per day	Rate for one cat
<input type="radio"/> Luxury condo	\$21.50 per day	Rate for one cat
<input type="radio"/> Each Additional Cat Sharing a Condo	\$10.10 per day	Rate for one cat
<input type="radio"/> Medications/Raw Diet	\$4.40 per day	Rate for one cat
<input type="radio"/> Insulin	\$13.10 per day	Rate for one cat

**Grooming**

<input type="radio"/> Pedicure	\$12.50 per cat
<input type="radio"/> Pedicure with Soft Paws (Soft paws sold separately)	\$24.00 per cat

**Emergency Contact #1**

In case of an emergency with your pet while boarding at our hospital, please provide us with an emergency contact telephone number or email.

Name: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_ Call or Text (circle one)  
Email \_\_\_\_\_

**Emergency Contact #2 (Optional)**

In case of an emergency with your pet while boarding at our hospital, please provide us with an emergency contact telephone number or email.

Name: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_ Call or Text (circle one)  
Email \_\_\_\_\_

Provide name the of person picking up or coming to visit <animal> if other than you \_\_\_\_\_

**\*\*If my cat requires Doctor's attention, I give permission for the following:**

Provide treatment Yes \_\_\_ No \_\_\_  Up to \$ \_\_\_\_\_ **OR** Call the emergency contact listed above \_\_\_

Preferred Veterinarian \_\_\_\_\_

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_