



**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, vaccines will be done and fees will be applied. 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 of 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: \_\_\_\_\_

**Water Consumption:**

High  Normal  Low

**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 pet 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.\*\****

**Daily Rates**

<input type="radio"/> Standard condo	\$17.00 per day	Rate for one cat
<input type="radio"/> Luxury condo	\$22.10 per day	Rate for one cat
<input type="radio"/> Each Additional Cat Sharing a Condo	\$10.30 per day	Rate for one cat
<input type="radio"/> Medications (oral/topical)/Special Diet	\$4.40 per day	Rate for one cat
<input type="radio"/> Insulin Injections	\$13.10 per day	Rate for one cat

**Grooming**

<input type="radio"/> Pedicure	\$12.90 per cat
<input type="radio"/> Pedicure with Soft Paws (Soft paws sold separately)	\$24.60 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 pet 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 \_\_\_\_\_