



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

Grooming

- | | |
|--|-----------------|
| <input type="checkbox"/> Pedicure | \$12.90 per cat |
| <input type="checkbox"/> Pedicure with Soft Paws (Soft paws sold separately) | \$28.60 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 _____