



**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                      | \$17.20 per day | Rate for one cat |
| <input type="checkbox"/> Luxury Condo                        | \$22.40 per day | Rate for one cat |
| <input type="checkbox"/> Each Additional Cat Sharing a Condo | \$10.40 per day | Rate for one cat |
| <input type="checkbox"/> Medications (oral/topical)/Raw Diet | \$4.60 per day  | Rate for one cat |
| <input type="checkbox"/> Insulin Injections                  | \$13.30 per day | Rate for one cat |

**Additional Options**

- |   |                 |                  |
|---|-----------------|------------------|
| <input type="checkbox"/> Pedicure   | \$13.10 per cat | Rate for one cat |
| <input type="checkbox"/> Pedicure with Soft Paws (Soft paws sold separately)                              | \$29.00 per cat | Rate for one cat |
| <input type="checkbox"/> Feliway diffuser placed in condo to provide your cat with extra calming comfort. | \$2.10 per day  |                  |

Please provide a contact person(s) in case of an emergency or any questions regarding your pet while boarding. This can be yourself, a friend or family member.

**Contact Person # 1**

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

**Contact Person #2 (Optional)**

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

Provide the name of person picking up or coming to visit your pet if other than yourself \_\_\_\_\_

**\*\*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 \_\_\_\_\_