



Consent Form for Diabetic Condo Admission

Client name: _____ **Pet's name:** _____

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.

After carefully reading our policies, please fill out the diabetic boarding form. If your pet has been diagnosed with diabetes and is currently receiving insulin injections, then your pet requires special care from our boarding team. These are the most common concerns we face when boarding a pet with diabetes:

- Boarding can be stressful and result in increased glucose levels
- Some cats eat very little or at times refuse to eat their meal altogether
- Diabetic cats that begin vomiting while boarding
- Increased urine output (beyond what is expected from diabetic patients)

In order to properly care for your diabetic pet, we include the following in every boarding stay; in addition to the routine boarding care with measured food and water intake, three time a day maid service, Insulin given twice a day, and alternative foods to promote interest in eating if necessary. Cost is \$54.00 + tax per day.

Our team is instructed on the proper care of diabetics but if he/she is not eating full meals they will be examined (see additional cost) and treated as necessary (at the owner's expense) and insulin dosage may be adjusted daily by in consultation with a Doctor

_____ Initial

Added cost of diabetic boarding IF NEEDED

Medications /Raw Diet	IF NEEDED	\$6.30 per day/ Rate for one cat
Examine	IF NEEDED	\$104.50
Blood Glucose test	IF NEEDED	\$18.60 per check
Urine test	IF NEEDED	\$79.50

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: _____

Additional Options

- Pedicure \$18.90 per cat Rate for one cat
- Feliway diffuser placed in condo to provide your cat with extra calming comfort. \$2.50 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

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

Contact Person #2

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 _____