## Sequoia Veterinary Hospital, Inc.

Diabetic Drop Off Form								
PETS NAME			ALERT INFORMATION					
DATE	Primary Contact Nam	ary Contact Name:				Phone Number:		
	Secondary Contact Na			Phone Number:				
Has your pet had insulin today?		yes	no	Type?	,			
				Amou	nt?			
				Time?				
ADDITIONAL MEDICATIONS:		yes	no	Type?				
				When	?			
				Type?				
				When	?			
Has your pet eaten today?		yes	no	How n	nuch?			
				When	?			
REGULAR	SCHEDULE:	Daily feedings?	Diet:					
			Amount:		How Often:			
		Your pet's appetite?	Ravenous Excessive	Normal		Poor		
		Water intake?		Normal		Low		
		Daily energy?	High	Average		Low		
Any additiona	al information for the	e doctor:						
	elieves a procedure o	r test (not previously	planned or	discus	ssed) is in r	ny pet's best interest:		
(check one)	I authorize the doctor	to proceed.						
		-						
I prefer to be called. However, if I cannot be reached, I authorize the doctor to proceed.								
I do not authorize any additional procedures or tests unless I can be reached and give my approval.								
Signature								