



1000 West 100th Ave
Westminster, CO 80040
Phone: 303.440.1170
For After Hours Emergency Care,
Please Contact Neighborhood Valley
Regional Veterinary Services At
(303) 440-1151.

DIABETIC CHECK IN SHEET.

Procedure: _____ Doctor: _____ LVT: _____

I hereby certify that I am then owner of the above-named animal or am responsible for it and have the authority to execute this consent. If your pet is not current on vaccinations, they will be given today. I understand there will be a drop-off fee. **I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated.**

I hereby authorize the performance of the following procedure(s):
Blood Glucose Curve

Insulin: Type: _____
Current dosage: _____
Frequency of injections: once or twice a day (please circle one)
Time of last insulin injection: _____ am/pm
At what time(s) do you normally give you pets insulin? _____ am/ _____ pm
Insulin provided YES / NO Insulin labeled and refrigerated? YES / NO
Syringes provided YES / NO

Diet: What does your pet eat? _____
How often does you pet eat? once daily / twice daily / more then twice daily / food is always available
Do you offer treats? YES / NO (if yes please specify what type and how often they are given.)

Was any food given today before drop off? YES / NO
Time of last meal? _____
Does you pet eat the food offered? YES / NO
Did you bring food with you today? YES / NO

Client Observation:
Is your per drinking more water than normal? YES / NO
Is your pet eating normal or above normal? (please circle one)
Is your pet urinating more frequently? YES / NO
Does you pet seem unusually weak or wobbly? YES / NO

Do you need any prescription refills today for insulin or prescription diets? (If yes please specify)

Please provide any comments that you feel the doctor needs to know about your pet.

Signature: _____ Phone Number: _____