

DIABETIC ADMISSION FORM

This form is available to download on our website www.elliottbayah.com	
Phone numbers: (1 st)	(2 nd)
E-mail (optional)	
Owner's name	Pet's name (s)
Is any other person authorized to pick up your pet(s)?	
When was pet last fed? How much did your pet eat?	
Does your pet need a meal today? YES NO	
If yes, what would you like us to feed your pet and how	w much? I have provided my pet's food YES NO
	Dry Can
Is your pet currently on insulin? YES NO	(please circle) Humulin Glargine Vetsulin (dogs)
ORIGINAL CONTAINERS MUST BE PROVIDED	
Please state insulin type, directions and dose	
When was the last dose given?	
When should we give the next dose?	
must be current on all required vaccines, and be free fr not met, the appropriate services will be provided and	ave a physical exam from one of our doctors within one year, rom internal and external parasites. If these conditions are I you will be charged accordingly. Pets will be released only

during regular office hours and payment is required at that time. If I neglect to pick up my pet(s) within 5 days of the pick up date above, Elliott Bay Animal Hospital may assume the pet(s) is/are abandoned and is authorized to relinquish or humanely dispose of the pet(s) as they deem necessary.

SIGNATURE ______ DATE ______

Thank you for allowing us to care for your pet!