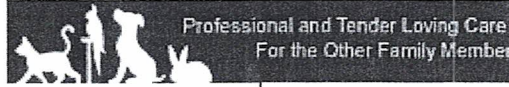


ALL PETS HOSPITAL DROP-OFF INFORMATION



GLUCOSE CURVE FORM

Date: _____

Pet's Name: _____

Owner's Name: _____

Contact #: _____

Additional Notes:

HAS YOUR PET HAD ANY OF THE FOLLOWING SINCE LAST VISIT:

- Lethargy YES/NO
- Vomiting YES/NO
- Diarrhea YES/NO
- Coughing YES/NO
- Limping YES/NO
- Itching/Scratching YES/NO
- Sneezing YES/NO

HAS YOUR PET EXPERIENCED THE FOLLOWING SINCE LAST VISIT:

- Increase in water intake YES/NO
- Decrease in water intake YES/NO
- Increase in appetite YES/NO
- Decrease in appetite YES/NO
- Increase in weight YES/NO
- Decrease in weight YES/NO
- Increase in urination YES/NO
- Decrease in urination YES/NO
- Accidents in the home YES/NO

IF DEEMED NECESSARY MAY WE PERFORM THE FOLLOWING:

- Run blood work? (\$168-\$220) YES NO
- Perform Radiographs? (\$170) YES NO
- Urinalysis? (\$45) YES NO
- Urine Culture (\$115) YES NO

What diet do you feed your pet?

How much and how often?

Any treats? If so, what kind?

What time did your pet eat last?

What type of insulin is your pet taking and how much?

What time did your pet last have insulin?

Is your pet currently on any medications other than insulin? YES NO

If yes, please provide type and dosages:

Is your pet current on heartworm and flea prevention? YES NO

Which type(s)? _____