



Country Companion Animal Hospital
 110 Morview Blvd Morgantown, PA 19543
 610-286-9065 (p) 610-286-6451 (f)
 info@ccahvet.com www.ccahvet.com

Diabetic Admission

Date:	Patient's Name:
Client's Name:	Phone Number:
Insulin type:	Insulin dosage: _____ units Circle: ONCE or TWICE daily
Insulin given today at: _____ AM	Food given today at: _____ AM
Appetite: Excessive / Normal / Less than normal	Water consumption: Excessive / Normal / Less than normal
Urination Excessive / Normal / Less than normal	Diet Given / Other:

The purpose of admission today is to perform a "glucose curve" on your pet that allows us to track blood sugar over an extended period of time. This will allow us to make changes to your pet's insulin to better regulate blood sugar.

Additional requests:

- Urinalysis and culture
- Medications / written prescription / food refills necessary
- Nail Trim

Anything else we can do for your pet during their stay? _____

I, the undersigned, am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent. I give permission to doctors, staff, authorized agents, or representatives of CCAH Veterinary Services to hospitalize, anesthetize, medicate, treat, or perform surgery on my pet. I have been informed that there are risks and complications associated with any surgery, anesthesia, hospitalization, procedure, as well any medications that may be given or dispensed for my pet. I further understand that unforeseen conditions may arise that may necessitate additional procedures at an additional cost. Should life-saving emergency care be required, I authorize CCAH Veterinary Services doctors, staff, authorized agents, or representatives to provide treatment which they deem necessary. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I understand that if my pet remains hospitalized, there will not be overnight supervision provided. I further understand that it can be very stressful to an animal to be hospitalized and this stress may cause underlying physical conditions to become apparent. This can result in illness or even death. I release CCAH Veterinary Services from any and all liabilities.

Client Signature: _____ Date: _____

CCAH Staff Only: Staff Initials: _____

For CCAH Staff only to ensure completeness and and staff initials:

- Absent Owner Form MUST be filled out and signed if owner is out of town/unreachable.
- Boarding Consent Form filled out if boarding more than just a curve/daycase
- Critical Care Level Form MUST be filled out for all admissions

