



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 items: Please initial next to these optional choices to indicate your selection.

- Urinalysis and culture
- Medications / written prescription / food refills
- Nail Trim
- Anything else we can do for your pet during their stay _____
- If your pet is found to have fleas upon admission, a flea product will be administered and charged.

I am aware of the estimated costs of my pet's services, which is \$ _____ to \$ _____. I understand this estimate is for informational purposes only and is not a guarantee that the actual costs incurred will fall within the above referenced ranges. I understand that payment is required in full when my pet is discharged from the hospital. In the event that my pet dies or is euthanized while hospitalized, full payment is due immediately. A deposit may be required at the time of admission.

Owner/Agent Initials: _____ **CCAH Doctor Initials:** _____

I, the undersigned, am the owner or agent for the owner of the animal described above. I have the full and exclusive authority to execute this consent and am over 18 years of age. 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 am aware of the risks and complications associated with any surgery, anesthesia, hospitalization, procedure, and 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. If life-saving emergency care is 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 and 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 and even death. CCAH Veterinary services strives to provide the best in veterinary services; unfortunately, no guarantee can be made regarding the outcome of the services provided. I release CCAH Veterinary Services from any and all liabilities.

Owner/Agent Signature: _____ **Date:** _____
Owner/Agent Printed Name: _____

CCAH Staff Initials Only: _____ **Critical Care Level Form** _____
Absent Owner Form _____
Boarding Consent Form _____

I have read and understand my pet's discharge instructions: _____