



Sherwood Family Pet Clinic – 20900 SW Olds Place Sherwood, OR 97140 – (503) 625-5664

Dr. Robert Merrill, Dr. Courtney Woodside, Dr. Mark Schlimgen, Dr. Leticia Wustenberg, Dr. Christina Sitton, Dr. Kaitlyn Rudie

Diabetic Day Admission Form

Owner _____ Pet's Name _____

Reason for Visit _____

Preferred Pick Up Time _____ Phone Number _____

When was your pets last meal? _____ How much did your pet eat? _____ Type of food _____

Type of Insulin _____ Current Dose _____ Once or Twice Daily _____

When was your pets last Insulin injection _____ Refill needed? _____

Is your pet on any other medication(s)? _____ If yes, please indicate what medications your pet is taking.

Medication _____ Dosage _____ Frequency _____

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Do you need a refill? Please indicate what you need refilled. _____

Diet Type _____ Supplements _____

Has your pet shown any signs of: **LETHARGY** YES / NO

STUMBLING YES / NO

MUSCLE TREMORS YES / NO

Has your pet's appetite been normal? YES / NO

Has your pet been drinking more or less water than normal? YES / NO Please indicate: _____

Has your pet been urinating more or less than normal? YES / NO Please indicate: _____

Do you have any other concerns today? _____

I understand the doctor will contact me after examining my pet. In the event that the doctor is unable to reach me (Please Initial):

_____ I authorize the doctor to proceed with indicated treatment and care for my pet as long as

the cost is within \$ _____.

_____ Do not proceed with any treatment until the doctor is able to reach me.

Would you like a nail trim for your pet today?

___ Yes.

\$16.00

___ No.

Overnight care at SFPC is unsupervised at times outside of normal business hours. For safety reasons, no continuous IV fluids are given during hours where pets are not under direct supervision. This includes Sundays and Holidays.

I certify that I own the above animal, or am responsible for it, and I hereby consent and authorize the Sherwood Family Pet Clinic veterinarians and staff to medicate, treat and/or hospitalize my animal. I acknowledge that no assurance or guarantee has been made except reasonable precautions against injury or escape and that risks and probabilities of complications exist in any surgery, anesthesia or medical treatment. I certify that I am the responsible party for the above animal and assume all financial responsibility.

PAYMENT IS DUE IN FULL AT TIME OF PATIENT DISCHARGE.

Signature _____ Date _____