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DIABETIC DAY ADMISSION FORM

Date: _____ Preferred pick up time: _____

Owner: _____ Pet's Name: _____

Reason for visit: _____ Numbers where I can be reached: _____

When was your pet's last meal? _____

How much food did your pet eat? _____ Type of Food: _____

When was your pet's last insulin injection? _____

Type of insulin: _____ Current Dose: _____ Once / Twice daily

Other medications	Dosage	Frequency	Refill needed?
_____	_____	_____	_____
_____	_____	_____	_____

Refill Needed? _____

Refill needed?

Has your pet been showing 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 than their normal? YES / NO _____

Has your pet been urinating more or less than their normal? YES / NO _____

Do you have any other concerns? _____

I UNDERSTAND THE DOCTOR WILL CONTACT ME AFTER EXAMINING MY PET. IN THE EVENT THAT THE DOCTOR IS UNABLE TO REACH ME:

_____ I authorize the doctor to proceed with the indicated treatment
and care of my pet as long as 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 / NO

Do you need any medication or pet food today? _____

Overnight care at SFPC is unsupervised at times outside of normal business hours. Sunday and Holiday care consists of multiple visits by trained staff members. All other hours on Sundays and Holidays are unsupervised.
For safety reasons, no continuous IV fluids are given during hours where there is no direct supervision.

Signature _____ Date _____