Diabetic Boarding Form

All Tails Wagging Veterinary Clinic
Avra Tracht, DVM

Pet's Name: _____
Owner's Name: _____ Phone number: _____
Emergency Contact: _____ Phone number: _____
Drop off date: _____ Pick up date: _____
Please sign to authorize necessary treatment/costs: _____
-We will make every effort to contact you with an estimate of cost prior to any treatment.

Food Brand: _____
Type of Insulin: Lente____ NPH_____ Ultralente_____PZI_____
Daily Feeding/Insulin Schedule: _____
_____Last Given: _____
Any symptoms of diabetes we should know about?_____
Any other comments or questions? _____
Other Medication: _____Last Given:_____
_____Last Given: _____
Advantage/Frontline? _____ Last applied: _____
Please we aware that if your cat is found to have fleas, we will apply Advantage at your expense.
What kind of affection does your pet like? _____
What else do we need to know about your pet?_____
_____
Belongings: _____

For Veterinary use only

DATE														
URINE														
BM														
APP														
TLC														

INSULIN:

Date/Time														
A.M.														
P.M.														

Medication

Date/Time														

Medication

Date/Time														