

# Beaches Animal Clinic Glucose Monitoring Form



\*Required Field

Pet's Name:\* \_\_\_\_\_

Owner's Name:\* \_\_\_\_\_

Cell Phone:\* \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

## Diabetes Management Progress Report for the Veterinarian

Please tell us the normal diet that your pet eats: \_\_\_\_\_

When did she/he last eat? \_\_\_\_\_

What type of insulin is she/he using? \_\_\_\_\_

What dose are you currently using and when did you last give insulin? \_\_\_\_\_

Are there any changes with her/his drinking habits (increased/decreased)? \_\_\_\_\_

Are there any changes with her/his eating habits (increased/decreased)? \_\_\_\_\_ Please list any other medications (including over-the-counter meds) that you pet has received in the last week:

### Are there any other medical complaints?

Please check all that apply

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Vomiting             | <input type="checkbox"/> Urinating in unusual places | <input type="checkbox"/> Lameness or limping    | <input type="checkbox"/> Losing weight           |
| <input type="checkbox"/> Diarrhea             | <input type="checkbox"/> Blood in urine              | <input type="checkbox"/> Bite wound(s)          | <input type="checkbox"/> Abnormal behavior       |
| <input type="checkbox"/> Blood in stool       | <input type="checkbox"/> Coughing                    | <input type="checkbox"/> Itching                | <input type="checkbox"/> Check a tumor or growth |
| <input type="checkbox"/> Urinating frequently | <input type="checkbox"/> Sneezing                    | <input type="checkbox"/> Hair Loss              | <input type="checkbox"/> Pain                    |
| <input type="checkbox"/> Unable to urinate    | <input type="checkbox"/> Difficulty breathing        | <input type="checkbox"/> Lethargic or Depressed | <input type="checkbox"/> Ear problem             |
|   |  | <input type="checkbox"/> Not Eating             |  |

Specify Complaints: (example: lame on rear left leg, growth on ear, anxious, etc)

Consent for treatment:

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A written estimate is provided below for the glucose curve and exam only. Should the Veterinarian determine that extensive and/or alternative treatment be required, or the actual anticipated costs exceed 10% of the written estimate we will call for approval beforehand. In the event of a life threatening condition, we will proceed with any and all life-saving efforts if we cannot reach you or your emergency contact in a timely manner. **By signing this form, you are consenting to treatment for your pet, and are agreeing to accept full financial responsibility for above services and for any additional emergency services should they become necessary. Payment is expected at time of discharge.**

Estimate for Glucose Curve and exam only:	Qty	Price
Physical Exam Limited (re-ck)		\$44.00
Blood Glucose (In House)	5	\$94.90
Biohaz Waste Disp. Fee		\$4.55
Ward Care/Monitoring-Canine		<u>\$23.00</u>
Total Estimate charges...		\$166.45

X \_\_\_\_\_

Owner

Date: \_\_\_\_\_

