**Information Needed for Diabetic Animals**

**Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Animals Name: \_\_\_\_\_\_\_\_\_\_\_\_**

How long since your dog/cat has been diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (We will only accept dogs/cats that are stable and on a regular diet/insulin dose for at least 30 days (ie: no dosage changes)).

Dosage Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many times per day \_\_\_\_\_\_\_\_\_\_\_

Do you reuse needles: YES or NO \*\* If Yes how many times \_\_\_\_\_

Does the insulin require refrigeration?: Yes / NO

Do you adjust dosage amount if your animal is not eating? Please explain in detail:

How many adjustments in dosage (due to poor appetite before you would like us to contact you or your vet?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other information you would like us to know regarding the insulin injections?

We will follow the instructions you have given us here, and you will not hold us responsible if the pet will not eat. You understand that we are not medical professionals, but will do our best to make sure your pet is fed and medicated according to your requirements, and per the boarding agreement we will seek medical care if we deem it necessary.

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