



Glenway Animal Hospital
6272 Glenway Avenue
Cincinnati, Ohio 45211
(513) 662-0224

Glenway Animal Hospital Diabetic Admittance Sheet

Patient's Name: _____ Date: _____

Client's Name: _____

Home Number: _____ Cell Number: _____ Work Number: _____

I hereby consent and authorize the performance of the following procedure(s): _____

What type of food does your pet eat? _____

How often and how much is your pet fed? _____

Have you noticed excessive thirst or urination lately? _____

What type of insulin are you using? _____

How many units are you giving? _____

At what time(s) do you give the insulin? _____

If an emergency situation occurs and I cannot be reached at the number listed above, I authorize the doctors and staff of Glenway Animal Hospital to perform any procedures that the doctors feel are in my pet's best interest.

_____ YES

_____ NO

I authorize the doctors and staff of Glenway Animal Hospital to hospitalize my pet and to examine, perform diagnostics, and initiate treatment for my pet.

Signature

For office use only:

Estimate:

- Given
- LMOR
- Phone

Pick-up Time: _____