

# GLUCOSE CURVE CONSENT FORM

OWNER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

PHONE # WHERE YOU CAN BE REACHED TODAY \_\_\_\_\_

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ WEIGHT \_\_\_\_\_

**Our hospital policy is that we treat your pet as if it were our own.**

Has this pet ever bitten, scratched, or shown aggression toward anyone in any situation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

What kind of diet is your pet on? \_\_\_\_\_

Does your pet prefer (Please Circle)      Dry      Canned      Own      Food?

What time is your pet fed and how much? \_\_\_\_\_

What type of insulin is your pet on? \_\_\_\_\_ Brought own insulin?    Yes    No

How much insulin does your pet receive AM \_\_\_\_\_ PM \_\_\_\_\_

When do you give your pet's insulin? AM \_\_\_\_\_ PM \_\_\_\_\_

Did your pet receive their food and insulin this AM? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Please list any additional medications that we need to give while your pet is here:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

I would like the following additional procedures performed:

\_\_\_\_\_

**I understand the procedure contemplated is:** \_\_\_\_\_

- **All charges shall be paid upon release from the hospital.**

If the pet is not called for within seven (7) days after the time specified for return, and if the doctor is not notified in writing of an alternate date within the seven day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from paying for all costs of your services and use of your hospital including the cost of boarding.

Should it be necessary to assign this account to a licensed collection agency or attorney, the applicant agrees to pay all subsequent collection and/or legal fees.

**I, being responsible for the above-described animal, have the authority to grant you my consent to receive, prescribe for, treat, and operate upon my pet.**

**After carefully reading the above, I have signed in agreement.**

\_\_\_\_\_  
**Owner or Responsible Party**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**LVH Rep**