



# POWHATAN ANIMAL HOSPITAL

The best quality veterinary services, convenient and affordable.

## Diabetic Patient and/or Glucose Curve Drop Off Information Form



### Feeding

Current brand of food: \_\_\_\_\_

**Canned / Dry / Both** (Please Circle)

When does your pet regularly eat?

\_\_\_:\_\_\_ AM \_\_\_:\_\_\_ PM

Did you feed your pet *prior* to drop off?

Yes  No  At what time? \_\_\_\_\_AM/PM

Did your pet eat a **complete** meal prior to drop off?

Yes  No

If **NOT** then how much? \_\_\_\_\_



### Insulin

What type of insulin does your pet receive:

Vetsulin  Novolin-N  Other: \_\_\_\_\_

When do you give your pet insulin at home?

\_\_\_:\_\_\_ AM \_\_\_:\_\_\_ PM

Did you give your pet insulin *prior* to drop off?

Yes  No  At what time? \_\_\_\_\_AM/PM

How many units did you give? \_\_\_\_\_

Do you have any questions or concerns for the doctor? \_\_\_\_\_  
\_\_\_\_\_



### Medication Refill Request:

Do you need a refill of insulin and/or syringes to be ready for you at pick up? Yes  No

If so, quantity of bottles needed (Limit 2 bottles per pet): \_\_\_\_\_ Kind/Size of syringes: \_\_\_\_\_

Any additional medications needed: \_\_\_\_\_

*I hereby authorize the veterinarian at Powhatan Animal Hospital to examine, prescribe for and treat for the conditions presented on this form for the pet presented by me. Furthermore, I agree to pay all fees, in full, for all services rendered when my pet is discharged from the hospital care.*

Primary contact number: \_\_\_\_\_

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



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