



# PET EMERGENCY & SPECIALTY CENTER OF MARIN

## Glucose Curve Drop Off Info

Date \_\_\_\_\_

Client Name \_\_\_\_\_ Patient Name \_\_\_\_\_

What do you normally feed your pet? \_\_\_\_\_

When do you normally feed your pet (please list all feedings)? \_\_\_\_\_

When did your pet last eat? \_\_\_\_\_

How well has your pet been eating (e.g. slightly less than usual)? \_\_\_\_\_

Eliminations (Bowel Movements / Urine) \_\_\_\_\_

How is your pet's overall attitude? \_\_\_\_\_

Any medications given today? (name/dose/time) \_\_\_\_\_

Did you bring medications and/or food for your pet? \_\_\_\_\_

If yes, please list \_\_\_\_\_

Do you need any prescriptions filled today? \_\_\_\_\_

Where can we reach you today? Home / Work \_\_\_\_\_ / \_\_\_\_\_

(Please list all numbers for the day) Cell / Pager \_\_\_\_\_ / \_\_\_\_\_

As the owner or responsible agent for the above patient, I authorize the veterinarian and staff to perform medical procedures as judged necessary on the basis of findings during the course of evaluation.

The risks and nature of the procedure(s) have been clearly explained to me and no warranty nor guarantee has been made to the result or cure. I consent to release of medical information on the above patient to other veterinary hospitals.

I assume financial responsibility for all charges incurred and understand all charges are to be paid on release of the patient. We cannot provide billing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date