

**REDWOOD PET CLINIC  
BLOOD GLUCOSE CURVE DROP-OFF FORM**

Name : \_\_\_\_\_ Pet's Name : \_\_\_\_\_

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

1. What time did your pet eat this morning? \_\_\_\_\_
2. What diet do you feed your pet? \_\_\_\_\_ Did you bring their food? \_\_\_\_\_
3. What type of insulin are you giving? \_\_\_\_\_
4. What dose are you giving (how many units and how often)? \_\_\_\_\_
5. Did you bring your pet's insulin with you today? \_\_\_\_\_
6. Did you leave any personal items with your pet? Please list: \_\_\_\_\_  
\_\_\_\_\_
7. Is your pet vomiting, having diarrhea, coughing, sneezing, lethargic, not eating, urinating and/or drinking a lot? \_\_\_\_\_ If so please describe frequency and when problem began.  
\_\_\_\_\_  
\_\_\_\_\_
8. Is your pet on any other medications? Yes No (circle one) If so please list: \_\_\_\_\_  
\_\_\_\_\_
9. Please list any questions/concerns you have or any procedures you are interested in while your pet is here (ie. Toe nail trim, vaccines, heartworm test, etc.) \_\_\_\_\_  
\_\_\_\_\_
7. Please leave a reliable phone number and/or the name and number of another person who will be responsible for making decisions regarding your pet can be directly contacted today. Leave as many numbers as you like.  
\_\_\_\_\_  
\_\_\_\_\_

Please understand that during the course of your pet's stay with us unforeseen conditions may arise that necessitate medical attention from our staff. If we are unable to reach you or your representative at any of the above numbers provided your signature here authorizes the performance of such procedures as are deemed necessary by the veterinarian's professional judgment.

Veterinary service during nighttime hours, some daytime hours and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. (California Code of Regulations Title 16 Section 2030).

**All accounts are to be paid in full at time of pick up. If you, the owner are not the one picking up your pet, do you authorize someone to do so? Name : \_\_\_\_\_**  
**If this person is not financially responsible for your pet, please arrange for payment ahead of time.**  
**Thank you.**

**An outpatient fee is assessed for all patients being dropped off for medical services.**

\_\_\_\_\_  
**Signature of Owner or Authorized Representative**