

Beltsville Veterinary Hospital **Diabetic** Boarding Checklist

Please be advised. We are not a 24 hour facility.

Date In: _____ Time In: _____ Pet's Name: _____

Date Out: _____ Time Out: _____ Owner/Client's Name: _____

Emergency Contact Numbers: _____

Circle One: Canine Feline

All dogs will be walked twice per day unless otherwise specified. (2 walks are included in the boarding fee).

Please circle your instructions for walks. (Prices will not be modified if you request less than 2 walks)

Standard 2 walks/day 1 walk/day No Walks 3 walks/day** \$3.00 additional/walk

Permission to Walk (for canines boarding)

Our kennels and runs are completely indoors. We have a small fenced area but most dogs are walked outside of that area. Understanding that all possible precautions will be taken, I will not hold Beltsville Veterinary Hospital responsible in any way should my pet escape while being walked at my request.

Signature: _____ Date: _____

FEEDING: Date/Time of last feeding: _____

Please circle: brought own food use hospital's food wet dry wet/dry mix

Feed how often: **Please circle** 1x in AM 1x in PM 2x daily 3x daily

Please list **any allergies:** _____

Insulin:

Insulin Name/Strength	Instructions	Last Given

Please note:

The insulin needs of diabetic animal depends on their appetite. Often times while they are boarding, they are not eating as well as they do at home. We may need to do periodic glucose checks to be sure they are still getting an appropriate amount of insulin. This also means their insulin dose could be adjusted while boarding to minimize the risk of complications. At pick up from boarding, a discharge sheet will be provided to inform you of any changes to your pet's insulin dosage. Once home, plan to gradually increase the insulin dose back to their normal dose over a period of 2 to 3 days. Please be advised that due to the limited staff on Saturdays and Sundays, evening insulin doses will likely be forgone to minimize the risk of complications.

Additional comments/requests: (***Requests that require a doctor's attention or grooming requests; a charge will apply.***) _____

Please note Our kennel is not responsible for items such as blankets, toys, bowls, leashes and collars. It is recommended that you leave these items at home. If fleas are found on your pet, flea treatment will be administered to your pet at your expense.

Permission to Treat

I request that medical treatment be administered to my pet as deemed necessary should the need arise. I will assume full financial responsibility for such care.

Signature: _____ Date: _____

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ADDITIONAL MEDICATIONS:

Medication Name/Strength	Instructions	Last Given