



Diabetic Pet Form

Pet Name **Age** **Quick Reference Vet and Phone Number**

Where are the needles kept? If not in the fridge, where is the insulin kept?

Insulin instructions as prescribed by listed veterinarian

Is there a specific injection site you always use?

Injection site to always avoid?

Type of Insulin **Units to be administered** **Time AM** **Time PM**

U-40 OR U-100

I, _____ owner of _____, acknowledge the following as it pertains to my pet receiving Insulin medication during pet sitting visits with Neigh Care, LLC.

_____ I agree my pet is up to date on all veterinary care, examinations, and blood work. My pet has been receiving his/her insulin injection as prescribed by my veterinarian and as described above.

_____ Neigh Care, LLC does not have the proper equipment to test my pet's blood sugar level.

_____ Neigh Care, LLC will not be held accountable if my pet is overmedicated and/or under-medicated due to increased and/or decreased sugar level that they cannot test for and, therefore, cannot be aware of.

_____ It is Neigh Care, LLC policy that my pet must eat before scheduled Insulin injections can be administered.

_____ Every effort will be made on Neigh Care's part to encourage my pet to eat within the scheduled time. I have scheduled appropriate amount of time to allow my pet to eat and have insulin administered.



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_____ In the event that, despite all efforts, my pet still chooses not to eat, I understand that Neigh Care, LLC will NOT administer the insulin. The insulin will be given at the next scheduled insulin visit, provided my pet eats his/her meal.

_____ I understand that Neigh Care, LLC will watch for and note any changes in my pet's diet, behavior, demeanor, and/or energy level and I will be notified immediately of any such changes. I have scheduled enough to time to allow for such observations. My consent must be given before any alterations to my instructions listed above are followed.

_____ I have scheduled appropriate amount of time to allow for bathroom breaks/exercise, eating, insulin administration, and for observation of my pet's health and condition. I understand that Neigh Care, LLC will not be able to spend more time than what has been scheduled and paid for.

_____ Neigh Care, LLC will transport my pet to the above listed veterinary hospitals for medical boarding if at any time they feel medical care is needed for my pet. Payment to the veterinarian will be as agreed upon in the Vet Release Form. In this event, I understand Neigh Care, LLC will charge \$30/hour for transportation and vet visit.

I have fully read and I completely understand the content of this form and I am willingly agreeing to such.

Client

Date