



The Carolinas Animal Hospital & Dental Clinic
13331 York Center Drive – Suite A
Charlotte, NC 28273
704-588-9788

Glucose Consent Form

Date: _____

Client Name:	_____	Name:	_____
Address:	_____	Species:	_____
	_____	Breed:	_____
Home Telephone:	_____	Sex:	_____
		Color:	_____
		Birth Date:	_____

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent.

I hereby authorize the performance of the following laboratory work up:

To better help us with your pet (s) needs please provide us with the following information:

Type of insulin: _____ **Time last given:** _____ **Dose given:** _____

What times of the day do you normally give the insulin? _____

Do you give the insulin after feeding? Yes___ No___

How long after feeding do you usually give the insulin? _____

Is your pet drinking a lot of water or urinating more? _____

How has your pet's energy level and appetite been lately? _____

In the section below please list any further information you may feel the doctor should know.

I agree to indemnify and hold The Carolinas Animal Hospital & Dental Clinic, P.A. harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

(Signature of legal owner or responsible person)

WHAT NUMBER CAN YOU BE CONTACTED TODAY? _____