

# Diabetic Form

Amount of Units: \_\_\_\_\_

Syringe Size: \_\_\_\_\_

If pet is not eating, should we change the dosage, if so what is the dosage?

\_\_\_\_\_  
\_\_\_\_\_

Do you give consent for Longview to take your pet to the vet if not eating after two days? \_\_\_\_\_

(signature for consent)

Vet Information:

Name of Vet: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_