

CLIENT NAME:

PET NAME:

DATE:

Diabetic Form

Please fill out the following questions regarding your diabetic pet:

1. How many times during the day do you give your pet insulin?
Once a day Twice a day Other
2. **What type and how many units** of insulin do you give your pet per injection?
3. Did your pet get insulin this morning? Yes No
What time?
4. Did you bring the insulin with you? Yes No
5. Did your pet eat well this morning? Yes No
6. Feeding schedule: Circle one and **specify can/dry/semi moist food and brand of food.**
 - a) Free choice (food out all day)
Type of food and quantity:
 - b) Morning and evening meals
Type of food and quantity:
 - c) Morning and evening meals, also leaving food out all day
Type of food and quantity:
7. Did you bring the food with you? Yes No
8. Has your pet been eating well recently? Yes No
If not, please explain:
9. Is your pet drinking excessively? Yes No
If yes, for how long?
10. If your pet is on Lantus insulin and you were told to measure water consumption, how many ounces is he/she drinking per day?
11. If you do urine dips at home, what results are you getting?
12. Is your pet on any other medication? Yes No
If yes, what medication and did you give it today?
13. Do you have any concerns about your pet that we need to know?