



DIABETIC PATIENT INFORMATION

Date: _____

Client name: _____ Patient: _____

Contact Phone numbers: _____ Alternate: _____

Please provide the following essential information as completely as possible:

Type of food your pet eats: _____

What time(s) of day do you feed your pet? ____AM ____PM ____ free choice

Amount: _____

Was your pet fed today? ____Yes ____ No If yes, what time? _____

Did your pet eat? ____Ate well ____ Ate half ____Ate a little ____ Didn't eat

Does your pet receive any snacks? ____Yes ____No

If yes, please list what type, the amount, and what they are given

Is water given free choice ____ or controlled ____ If controlled, how much? _____

What type of Insulin is being given? _____

What time(s) of day is the insulin administered? ____am ____pm

Amount: _____

Did your pet receive insulin this morning? ____Yes ____No

If yes, what time? ____ What amount was given? _____

How much exercise does your pet receive daily? ____Sedentary ____Mild (brief walks)

____Moderate ____Heavy (jogs, etc.)

Please list any other medications your pet is receiving, the dose, the frequency & when the last dose was given below:

1. _____
2. _____
3. _____