

PET DROP OFF INFORMATION FOR DIABETIC ANIMALS

Client Name _____

Pet's Name _____

Type of insulin you are giving: _____

What time(s) of day do you administer insulin? _____

Amount of insulin given: _____

Did your pet receive insulin this morning? no yes

If yes, what time? _____ and what amount? _____

Type of food your pet eats: _____

When do you feed your pet?

am pm free choice

Amount: _____

Was your pet fed today? no yes

If yes, what time? _____

Did your pet eat: ate well ate half ate a little didn't eat

Does your pet receive any snacks? no yes

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

Is water given free choice, or is it controlled?

If controlled, how much? _____

How much exercise does your pet get daily?

sedentary mild (brief walks) moderate heavy

Please list any other medications your pet is receiving, the dose, frequency, and when the last dose was given.

Signed _____

Date _____