Drop Off Information Sheet for Diabetic Patients

Date: _____

Client Name: _____ Patient Name: _____

Contact Phone Numbers: Day_____ 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

- 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? _____

Type of insulin you are giving: _____

- What time(s) of day do you administer insulin? _____am _____pm
- Amount: _____
- Did your pet receive insulin this morning? [ ] no [ ] yes.

  If yes, what time? : _____ and what amount was given? _____

How much exercise does your pet get daily?

[ ] sedentary [ ] mild (brief walks) [ ] moderate [ ] heavy (jogs, etc.)

Please list any other medications you pet is receiving, the dose, frequency, and when it was last given below:

Medication	Amount (dose)	Frequency (times)	Last given

In Hospital Glucose Curve Results

Time	Blood Glucose Results		Doctor's Instuctions