

Drop Off Information Sheet for Diabetic Patients

Client Name: _____ Patient: _____

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?

_____ A.M. _____ P.M. _____ 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 below

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?

_____ A.M. _____ P.M.

- 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 your pet is receiving, the dose, frequency, and when the last dose was given below:

- Medication _____

- Amount (dose) _____

- Frequency (times) _____

- Last Given _____

Please tell us anything else you think may help us treat and/or help regulate you pet's diabetes: _____

THANK YOU!