

DIABETIC PET

Date: _____

Client Name: _____

Pet Name: _____

When did your pet last eat? _____

When did your pet last receive insulin? _____ How many units? _____

Which type of insulin are you using? _____

Has your pet been receiving the same dose for the last few days? _____

How many times a day does your pet receive an insulin injection? _____

How does your pet seem to be feeling today? _____

What is your pet's current diet? _____

How much are you feeding? _____ How long has your pet been on this food? _____

Have there been any significant changes in your pet since he/she was last seen at the clinic? _____

If yes, please explain. _____

Please circle the correct response to the following items:

| | | | | | | |
|-----------|-----|----|------|----|------|-------------|
| Eating | YES | NO | MORE | or | LESS | than normal |
| Drinking | YES | NO | MORE | or | LESS | than normal |
| BMs | YES | NO | MORE | or | LESS | than normal |
| Urination | YES | NO | MORE | or | LESS | than normal |
| Active | YES | NO | MORE | or | LESS | than normal |