

Drop Off Information Sheet for Diabetic Patients

Client Name: _____ Patient _____

Contact Phone Numbers: (home) _____ (cell) _____

Please provide the following essential information as completely as possible:

Type of food your cat eats: _____

What time(s) of day do you feed your cat? _____ AM _____ PM _____ Free Choice

Amount: _____ Was your pet fed today? Yes No If yes, what time? _____

Did your pet eat? Ate all Ate ½ amount given Ate a little Did not eat at all

Does your pet receive any snacks? Yes No

If yes, what kind and how often are they given? _____

How is water given? free choice? controlled? If controlled, how much and how often? _____

Type of insulin you are giving: _____

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

Amount: _____ units

Did your cat receive insulin this morning? Yes No

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

How much exercise does your cat get daily?

sedentary mildly active moderately active very active

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

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

Thank you!