



Diabetic Drop-Off Form

Date: _____

Owner Name: _____

Pet Name: _____

Phone: _____

Please list the type and amount of insulin your pet is receiving and the times it is given:

Type: _____ Amount: _____ units

Time: _____ A.M. _____ P.M.

What diet is your pet on?

How often is he/she fed?

Please circle the answers to the questions below:

1. Have you given this AM dose of insulin? Yes No

2. Has your pet's appetite: Increased Decreased Stayed the Same
3. Has your pet's thirst: Increased Decreased Stayed the Same
4. Has your pet's urination: Increased Decreased Stayed the Same
5. Pet's body weight seemed to: Increase Decrease Stay the Same

6. Has your pet exhibited any of the following symptoms and if so, how long after insulin administration did the symptoms occur?

Sluggishness/Depression? _____ Started _____

Disorientation/Staring into Space? _____ Started _____

Stumbling/Staggering? _____ Started _____

Vomiting or Diarrhea? _____ Started _____

7. Please list any other information regarding your pet that you would like the doctor to know: