

Date: _____

GLUCOSE CURVE

What's your phone number for today? _____

Insulin

Amount of Dose given: _____

Time last dose was given: _____

On this dose regularly for at least 5 days? Yes _____ No _____

Food

What type of food is given regularly? _____

When does your pet usually eat? _____

When did your pet last eat? _____

Are there any other concerns you'd like to mention?