

Date: _____

GLUCOSE CURVE

What is the best phone number to reach you at today? _____

Insulin

Type of Insulin: _____

Dose/Units given: _____

Time last dose was administered: _____

How long has your pet been at this dose: _____
(should be no less than 7 days)

Any missed doses (yes or no): _____

Any increases in drinking and/or urination: _____
(if yes, please specify which)

Food

What type of food is given regularly? _____

When does your pet usually eat? _____

What time was your pets last meal given? _____

Are there any other concerns you'd like to bring to the doctors attention?
