

GLUCOSE CURVE DROP OFF FORM

Date _____

Patient _____

Client _____

Weight _____

Contact Phone Numbers: Today: _____ Alternate: _____

Please complete the following as completely as possible:

Type of food your pet eats: _____
(canned or dry)

- **What time(s) of day do you feed your pet?**

_____ am _____ pm _____ free

choice

- **Amount**

fed: _____

- **Was your pet fed today?**

No

Yes If yes what time? _____

- **Did your pet eat?**

ate well

ate half

ate a little

didn't eat

- **Does your pet receive any snacks?**

No

Yes

If yes, please list what type, the amount and when they are given:

Is water given - free choice, or is it controlled?

If controlled, how much? _____

How much exercise does your pet get daily?

Sedentary

Mild (brief walks)

Moderate

Heavy (jogs/runs, etc)

Type of insulin you are giving: _____

- **What time (s) of day do you administer insulin?**

_____ am _____ pm

- **Amount:** _____

- **Did your pet receive insulin this morning?**

No

Yes

If yes, what time? _____ and what amount was given? _____

- **What type of syringes do you use?**

U-100

U-40

List any other medications your pet is receiving, the dose, frequency, and when the last dose was given.

Have you noticed any changes in your pet since your last visit?

(Increased thirst/urination, lethargy, etc)

BLOOD DRAWS

Time _____

Time _____

Time _____

Time _____

Time _____

Time _____

Reading _____

Reading _____

Reading _____

Reading _____

Reading _____

Reading _____

Plan:

Doctor _____