

DIABETIC INFORMATION SHEET

In order to better monitor our diabetic boarders, we request that owners fill out the following information and update it with each visit. This form will stay with your cat while he/she is here for us to refer to should any problems arise. Thank you for your cooperation.

Pet's Name: _____ **Client's Name:** _____

Gender: ___ M ___ F **DOB:** _____ **Year Diagnosed:** _____

Primary Care Veterinarian (please provide name & contact info): _____

Medical Information:

Type of Insulin: _____

Dosage: _____ units AM _____ units PM

Date of last glucose curve: _____ Scheduled dosage closest to: ___ 7:00 ___ 7:30

Dietary Information:

Food Type: ___ Dry ___ Canned ___ Both Brand _____

Does your pet eat: ___ Well ___ Lightly ___ Free fed Portioned amount _____

Is there any other information that would be pertinent to your pet's care? _____

Signature: _____ **Date:** _____