

Glucose Curve Drop Off Form



Animal Medical Center
Kansas City

Date: _____ Pets Name _____

Clients Name: _____ Phone # _____

PLEASE COMPLETELY FILL OUT THE FOLLOWING:

Did your pet eat this morning? Y/ N

Did you administer insulin this morning during or after your pet ate? Y/N

How many units of insulin are you giving your pet? _____

Patient Health

How are your pets eating habits? Normal/ Increased/ Decreased

What are you feeding your pet? _____ How much? _____

How are your pets drinking habits? Normal/ Increased/ Decreased

How are your pets urinary habits? Normal/ Increased/ Decreased / Inappropriate

How is your pets behavior at home? Normal/ Bright and Alert/ Dull

If increased or inappropriate urination, would you like us to test for a urinary tract infection? Y/N

Urinary tract infections can be common in some diabetic patients

Have you noticed signs of a hypoglycemic event (Lethargy, ataxia (wobbling), stumbling, seizures)? Y/N

IF YES, how often and when does it typically occur (i.e. right after administration of insulin)

Is there anything else that you would like the doctor to be aware of?
