



Drop Off Information Sheet for Diabetic Patients

Client Name: _____ **Patient:** _____

Contact Phone Numbers: Day _____ Alternate _____

Please provide the following essential information as completely as possible:

Type of food your pet eats: _____

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

_____ am _____ pm _____ free choice

Amount: _____

Was your pet fed today? Yes No If yes, what time?: _____

Did your pet eat? ate well ate half ate a little didn't eat.

Does your pet receive any snacks? Yes No

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

Is water given free choice, or is it controlled? If controlled, how much? _____

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? Yes No
 - If yes, what time? _____ and what (amount) was given? _____

How much exercise does your pet get daily?

sedentary mild (brief walks) moderate heavy (jogs, etc)

Please list any other medications your pet is receiving:

Medication	Dose	Frequency	Last time given

Please tell us anything else you think may help us treat and/or help regulate your pet's diabetes.
