

Arguello Pet Hospital *Diabetic Drop-off Sheet*

Name: _____ Date _____ Pets Name _____

Daytime Phone # _____ Evening Phone _____

Who is your doctor TODAY, _____

Type of Insulin _____ Dilution _____ Units Per _____

Regular Routine:

Amount of insulin usually given _____

Name of food usually fed _____

At what time and how much do you feed ?

AM _____ PM _____

TODAY:

Time insulin last given _____

Amount of insulin last given _____

Time Last fed _____

Amount of food eaten _____

If not fed the usual diet, what was fed _____

Is Urination normal? YES NO If not, please explain, _____

Is Drinking normal? YES NO If not, please explain, _____

Is Behavior normal? YES NO If not, please explain, _____

Do you authorize Blood/Urine Glucose Tests and Treatment if needed? YES NO

Would you like to be called prior to Tests and Treatment? YES NO

Please use the following for any additional notes, requests while your pet is here today.

Signature _____