

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? [] 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 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? no yes.
 - 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, the dose, frequency, and when the last dose was given below:

Medication	Amount (dose)	Frequency (times)	Last given
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Please tell us anything else you think may help us treat and/or help regulate your pet's diabetes.

Thank you!