

Burnsville Parkway Animal Hospital *Glucose Curve Drop Off Form*

General Information:

Client's Name: _____ Pet's Name: _____ Weight _____
Client Number: _____ Admitted by: _____
Phone number we can reach you today: _____

History:

When was the last insulin dose given?

When was your pet last fed?

What type of insulin does your pet receive (name of medication)?

What insulin dose are you currently giving?

Are you giving insulin ONCE or TWICE daily?

Are there any current health concerns other than the glucose curve today?

How does your pet seem to be responding at the current dose of insulin?

Has your pet been eating and drinking regularly?

Has there been any diarrhea or vomiting?

Are there any medications your pet is currently taking other than insulin?

Did you bring your insulin with you today?

A doctor will be in contact with you sometime in the afternoon to notify you of how the glucose curve is going. At that time, a pick up time for your pet will be decided upon.

Signed: _____ Date _____