Barbour Lane Animal Hospital

Diabetic Drop Off Questionnaire

| Pet Name: | Last Name: | Date: | | |
|-------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------|-------------------------------------------|-----------------|
| What Phone number o | an you be reached at to | day? | _ | |
| How much insulin do y | /ou give? | | | |
| Times of day given Last o | | st dose given | | |
| Last time fed | Did they | v eat? | _ | |
| Veterinary Staff Section | <mark>on</mark> Please review this sec | tion at drop off time | | |
| | | cake, or activity since last es about then that they n | | else we need to |
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| | | | | |
| | Preparing for a | Glucose Curve For Diabe | etic Pets | |
| | | orning of the procedure. F ing but DO NOT give insu | _ | _ |
| 2 Syringes | are currently using | | | |
| Please arrive between that morning. For Cats with you: The insulin you 2 Syringes | Preparing for a 7:30 and 8:30am the morn | Glucose Curve For Diabe | etic Pets For Dogs: DO NOT feed | _ |

Your pet will stay the entire day so please leave us a number where we can reach you for picking up later in the day and for any questions we may have. Be sure to tell the technician taking your pet in, when the last meal was eaten, when the last dose of insulin was given, and what dose you are currently giving.