

# Wayside Animal Hospital

## Diabetes Recheck Form

DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CLIENTS NAME \_\_\_\_\_

PETS NAME \_\_\_\_\_

HOW MANY UNITS OF INSULIN DOES YOUR PET RECEIVE EACH DAY? \_\_\_\_AM / \_\_\_\_PM

DID YOUR PET GET THEIR INSULIN THIS MORNING? \_\_\_\_\_  
AT WHAT TIME? \_\_\_\_\_

DID YOUR PET EAT THIS MORNING? \_\_\_\_\_

WHAT TYPE OF FOOD DOES YOUR PET EAT? \_\_\_\_\_

DOES YOUR PET USUALLY GET SNACKS DURING THE DAY? \_\_\_\_\_  
IF YES, WHAT KIND OF SNACKS, HOW MANY? \_\_\_\_\_  
WHAT TIME DOES HE GET SNACKS? \_\_\_\_\_

HAS YOUR PET SHOWN ANY SIGNS OF THEIR BLOOD SUGAR BEING TOO HIGH OR TOO LOW?  
(LETHARGY, INCREASED WATER INTAKE, INCREASED URINATION)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS YOUR PET HAVING ANY OTHER PROBLEMS AT THIS TIME? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

