

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? _____

