

PACIFIC VETERINARY SPECIALISTS DIABETES FORM

Drop-off information for glucose curve

Date: _____

Owner name: _____ Contact number(s): 1. _____

Pet name: _____ 2. _____

What time were you planning on picking up your pet? _____

Insulin was last given: _____ am/pm (circle one) Amount and type given: _____

Last feeding: _____ am/pm (circle one) Time insulin is next due _____ am/pm (circle one)

Please note if food is available always, or if a strict diet is maintained.

It is important to be specific so that our results are as accurate as possible. (Are snacks allowed? Midday meal?)

Normal diet: _____

Medications: *Please provide any medications that may be needed.*

Medication and mg	Dose	Frequency	Time and date last given	Refill needed?
<i>Example (Lasix 50 mg)</i>	<i>(1 tablet)</i>	<i>(Twice a day)</i>	<i>(8am today)</i>	<i>(yes)</i>

How do you think your pet is doing? (Use back of form if necessary) _____

How is your pet's appetite? _____

How is your pet's water consumption? _____

Any additional concerns you would like addressed: (use back of form if necessary) _____

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For office use only:

Weight: _____ Temp: _____ HR: _____ RR: _____ MM: _____

Time	Blood Glucose (mg/dL)	Laboratory:
		Health check: _____ (Chem 25,CBC)
		Health Check plus: _____ (Chem25,CBC,T4)
		Adult Screen: _____ (Chem 25,CBC,UA)
		Senior Screen: _____ (Chem25,CBC,T4,UA)
		Misc.: _____
		Radiographs:
		Thorax: _____ Met check: _____
		Abdomen: _____