

## Drop Off Information Sheet for Diabetic Patients

Client Name: \_\_\_\_\_ Patient \_\_\_\_\_

Contact Phone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Please provide the following essential information as completely as possible:

Type of food your cat eats: \_\_\_\_\_

What time(s) of day do you feed your cat? \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Free Choice

Amount: \_\_\_\_\_ Was your pet fed today?  Yes  No If yes, what time? \_\_\_\_\_

Did your pet eat?  Ate all  Ate ½ amount given  Ate a little  Did not eat at all

Does your pet receive any snacks?  Yes  No

If yes, what kind and how often are they given? \_\_\_\_\_

How is water given?  free choice?  controlled? If controlled, how much and how often? \_\_\_\_\_

Type of insulin you are giving: \_\_\_\_\_

What time(s) of day do you administer insulin? \_\_\_\_\_ AM / \_\_\_\_\_ PM

Amount: \_\_\_\_\_ units

Did your cat receive insulin this morning?  Yes  No

If yes, what time: \_\_\_\_\_, and what amount was given: \_\_\_\_\_ units

How much exercise does your cat get daily?

sedentary  mildly active  moderately active  very active

Please list any other medications your pet is receiving, along with the dose, frequency, and when the last dose was given below:

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

Please tell us anything else that you think may help us treat and/or regulate your pet's diabetes:

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

Thank you!