

Aspen View Veterinary Hospital

Date _____ Checked in by _____

Client name _____ Pet's name _____

Phone number where you can be reached at any time today _____

Thank you for answering the following questions. This information will help us during your pet's stay in the hospital today and help to complete an accurate glucose curve.

Insulin

1. How many units and at what times do you usually give insulin? _____ units (_____ AM)
_____ units (_____ PM)
2. Did you give insulin to your pet this morning at the regular time? _____
3. Did you bring your pet's insulin and syringes today? _____
4. What type of insulin is your pet currently on? (circle one) Humilin-N Novolin-N Glargine ProZinc

Diet

1. Did your pet eat this morning if so what time was the meal? _____
2. Was your pet's appetite good and about how much was eaten? _____
3. What type of food and when does your pet usually eat? _____
4. Did you bring in food for your pet today? _____

Health

1. Has your pet had any recent vomiting, diarrhea, lethargy/depression, lack of appetite or other problems? If yes briefly describe what you have noticed.

2. Please rate your pet's recent thirst and urination levels on a scale of 1-5 (1= very little thirst/low amount of urination, 5= excessive thirst/high amount of urination)

Are there any other problems or concerns that you would like us to be aware of?

Are there any questions that we may answer for you today?

