

Marco Veterinary Hospital

Diabetic Pet INFORMATION

Pet's Name _____

Date _____ Arrival Time _____

Type of Insulin Used _____ #of Units Given _____ #of Times Given Daily _____

Diet Fed _____ Amount _____ Frequency _____

Last Fed When _____

Last Insulin Injection When _____ # Of Units Given _____

Does the Doctor have your permission to check blood glucose levels while your pet is in our care if he/she feels it is warranted? Circle YES NO

Please Initial _____

Contact Numbers where you can be reached _____

EMERGENCY Contact Number if we can't reach you _____

Signature of Owner _____ Date _____