

## 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.: _____
		<b>Radiographs:</b>
		Thorax: _____ Met check: _____
		Abdomen: _____