

Diabetic Check In Protocol

Date: _____

Last Name _____ Pet Name _____

Name of Insulin _____ Type of Syringes _____

Does the insulin need to be refrigerated? YES NO

How many vials of insulin are being left ____ Syringes U40 ____ U100 ____ Other ____

Insulin Given At ____ AM and ____ PM

How Many Units ____ AM and ____ PM

Last time insulin was given _____

Was it given with food? YES NO Last time fed? _____

What Type of Food _____

How much at each feeding _____ AM _____ PM

How many Cans _____ Dry _____ food is being left?

How have they been eating at home recently? _____

If insulin or syringes are needed to be refilled during pets stay a Doctors exam will be required through Hill Country Animal Hospital or your regular veterinarian

COMMENTS:

Signature _____ Date _____