

# MID•PENINSULA ANIMAL HOSPITAL

## Blood Glucose Curve Questionnaire for Pet Owners

Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

Time last insulin was given: \_\_\_\_\_

Amount given \_\_\_\_\_ units \_\_\_\_\_

Type of insulin \_\_\_\_\_

Normal time given in a.m. \_\_\_\_\_ in p.m. \_\_\_\_\_ other \_\_\_\_\_

Are you at the beginning or end of the bottle you are using? \_\_\_\_\_

Have you changed the amount or frequency of insulin recently? \_\_\_\_\_

If so, when? \_\_\_\_\_ what change did you make? \_\_\_\_\_

---

Normal Diet \_\_\_\_\_

Quantity offered at each feeding \_\_\_\_\_

Frequency of feeding \_\_\_\_\_

Are treats offered? \_\_\_\_\_ frequency \_\_\_\_\_ type \_\_\_\_\_

Increased water consumption or urination? \_\_\_\_\_

Any weakness or lethargy noticed? \_\_\_\_\_

Any diarrhea or vomiting? \_\_\_\_\_

Are there any other behavioral or habit changes noticed? \_\_\_\_\_

Do you have any other questions for the doctor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---