



Blood Glucose Curve Questionnaire

Pet's Name: _____ Last Name: _____

Date: _____ Phone Number: _____

Time last insulin was given: _____

Amount given: _____ units

Type of Insulin: _____

Normal time given in AM: _____ in PM: _____ 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? _____

Explain: _____

Normal Diet: _____

Quantity offered each feeding: _____ Frequency of feeding: _____

Does pet typically finish meal? _____

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 questions?
