



MID-PENINSULA  
ANIMAL HOSPITAL

## 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?

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