

# LONG ISLAND ANIMAL HOSPITAL

CLIENT NAME:

PET NAME:

DATE:

## Diabetic Form

Please fill out the following questions regarding your diabetic pet:

1. How many times during the day do you give your pet insulin?  
Once a day                      Twice a day                      Other
2. **What type and how many units** of insulin do you give your pet per injection?
3. Did your pet get insulin this morning?                      Yes                      No  
What time?
4. Did you bring the insulin with you?                      Yes                      No
5. Did your pet eat well this morning?                      Yes                      No
6. Feeding schedule: Circle one and **specify can/dry/semi moist food and brand of food.**
  - a) Free choice (food out all day)  
Type of food and quantity:
  - b) Morning and evening meals  
Type of food and quantity:
  - c) Morning and evening meals, also leaving food out all day  
Type of food and quantity:
7. Did you bring the food with you?                      Yes                      No
8. Has your pet been eating well recently?                      Yes                      No  
If not, please explain:
9. Is your pet drinking excessively?                      Yes                      No  
If yes, for how long?
10. If your pet is on Lantus insulin and you were told to measure water consumption, how many ounces is he/she drinking per day?
11. If you do urine dips at home, what results are you getting?
12. Is your pet on any other medication?                      Yes                      No  
If yes, what medication and did you give it today?
13. Do you have any concerns about your pet that we need to know?