



Guilford Veterinary Hospital, LLP

81 Saw Mill Road

Guilford, CT 06437

Phone: 203-453-2707 Fax: 203-453-2709

Please visit our website www.guilfordvet.com

DIABETIC INFORMATION FORM

Date: _____

Client Name: _____ Pet's Name: _____

Client Id: _____ Patient Id: _____

Please verify the Contact Name and Phone is correct:

Reason for Admission:

Initial Regulation Glucose Curve Sick Other _____

Hospital Care:

Admission Date: _____ Pick up Date: _____

INSULIN INFORMATION

Please note: If your cat is on Lantis/Glargine insulin, DO NOT FEED OR GIVE INSULIN BEFORE ADMISSION.

What kind of insulin is your pet using? Vetsulin Glargine/Lantis Humulin-N/NPH

Other _____

Current Dosage (Units) _____ Frequency: Once daily Twice daily

Times of day given: _____ a.m. _____ p.m.

Did you bring your own insulin with you today? Yes No

When was your last dose of insulin given: Date _____ Time: _____ a.m./p.m.

Do you need a new Prescription for the Pharmacy? Insulin Syringes

Do you need a written prescription? Yes No

Do you want us to call your pharmacy? Yes No (If yes, Pharmacy & Phone: _____)

FEEDING INFORMATION

What is the brand name of dry food you are currently feeding? _____

How much dry food is given at each meal: _____ How many times a day: _____

What is the brand name of canned food you are currently feeding? _____

How much canned food is given at each meal: _____ How many times a day: _____

Does your pet have "FREE ACCESS" to food at all times? _____

Did you bring your pet's food with you today? _____

When did you last feed your pet: _____ a.m./p.m. How much? _____

HEALTH STATUS

Is your pet drinking? More Less Unchanged

Is your pet urinating? More Less Unchanged

Do you have any questions or concerns for the Doctor?

