



Guilford Veterinary Hospital
 81 Saw Mill Road
 Guilford, CT 06437
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 www.guilfordvet.com

DIABETIC INFORMATION FORM

Date: _____
 Client Name: _____ Pet's Name: _____ Best phone # to contact: _____
 Client Id: _____ Patient Id: _____

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 Lantus/Glargine insulin, DO NOT FEED OR GIVE INSULIN BEFORE ADMISSION.

What kind of insulin is your pet using? Glargine/Lantus _____
 Humulin-N/NPH _____
 Novolin-N _____
 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? _____
 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 _____
 Written prescription YES___ NO___ **OR** Do you want us to call your Pharmacy? YES___ NO___

Pharmacy name and 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: Date _____ Time _____ a.m./p.m. How much? _____

HEALTH STATUS

Is your pet drinking? Excessive ___ Normal ___
 Is your pet urinating? Excessive ___ Normal ___
 Is your pet eating? Decreased ___ Normal ___

Do you have any questions or concerns for the Doctor?

Please list all other medications that your pet is currently taking and when they were last given
