

Guilford Veterinary Hospital  
81 Saw Mill Road  
Guilford, CT 06437  
Phone: 203-453-2707  
www.guilfordvet.com  
**DIABETIC INFORMATION FORM**

Date: \_\_\_\_\_  
Client Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Client ID: \_\_\_\_\_ Patient ID: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

Circle Reason for Admission: Initial Regulation    Glucose Curve    Sick    Hospital Care  
If Hospital Care, Admission Date: \_\_\_\_\_ Pick up Date: \_\_\_\_\_

**INSULIN INFORMATION**

***Please note: If your cat is on Lantus/Glargine insulin, FEED AND GIVE INSULIN AT HOME.***

What kind of insulin is your pet using? (circle one)

Glargine/Lantus    Humulin-N/NPH    Novolin-N    Other \_\_\_\_\_

Current Dosage (Units) \_\_\_\_\_ Frequency (circle one): Once daily    Twice daily

Times of day given: \_\_\_\_\_ a.m.    \_\_\_\_\_ p.m.

Did you bring your own insulin with you today(circle one)? YES    NO

When was your last dose of insulin given: Date \_\_\_\_\_ Time: \_\_\_\_\_

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 the food(s) you are currently feeding? \_\_\_\_\_

How many times a day are you feeding your pet? \_\_\_\_\_

How much food is given at each meal? \_\_\_\_\_

Does your pet have "free access" to food at all times? YES    NO

Did you bring your pet's food with you today? YES    NO

When did you last feed your pet? (date/time/amount)

**HEALTH STATUS (circle one)**

Is your pet drinking?    Excessive    Normal    Decreased

Is your pet urinating?    Excessive    Normal    Decreased

Is your pet eating?    Excessive    Normal    Decreased

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

\_\_\_\_\_  
\_\_\_\_\_