

DIABETES REPORT

| Owner Name: | |
|--|--|
| Owner Name: Pet Name: | Date: |
| Weight today | |
| 1. What type of insulin are you using? | |
| 2. How many units are you giving? | |
| 3. How many times per day do you give insulin? | |
| 4. What type of food does your pet eat? | |
| 5. How much food does your pet eat at each meal? | |
| 6. How many meals does your pet eat each day? | |
| 7. Does your pet eat the entire meal? | |
| 8. How is your pet's activity level? | |
| 9. How is your pet's skin and coat? | |
| 10. What have your water consumption measurements hours. | s been? Give date and amount consumed in 24 |
| 11. What have urine glucose sticks shown (if applicable) | ole)? Give dates & readings if available. |
| 12. For serial glucose patients: What time was insulir | n last given and when did your pet last eat? |