

DIABETES MELLITUS HISTORY FORM

Date _____

Client Name _____ Pet _____

*** If dropping your pet off for the day. Please leave your pet's insulin, insulin syringes and food.**

TELEPHONE NUMBER WHERE YOU CAN BE REACHED:

_____ OR # _____

At what time of day does your pet get his/her insulin injection(s)?

_____ **AM** and/or _____ **PM** **Last insulin injection** _____

What is the current dose of insulin given? _____ units **once/day** or **twice/day**

When did your pet last eat? _____

Are you and your family consistent with the timing of these injections? **YES OR NO**

Who gives the insulin injections? _____

What type of insulin is your pet currently receiving? _____

What food is your pet currently eating, please include any treats, people food etc.?

What time of day is your pet fed? Free choice vs. Meal feeding _____

Is your pet eating well? **YES** or **NO**, if no please explain

Is your pet on any other medications? **YES** or **NO**, if yes please list

Water intake?	NORMAL	INCREASED	DECREASED	NONE	UNSURE
Urination?	NORMAL	INCREASED	DECREASED	NONE	UNSURE
Defecation?	NORMAL	INCREASED	DECREASED	NONE	UNSURE
Vomiting?	NORMAL	INCREASED	DECREASED	NONE	UNSURE
Coughing?	NORMAL	INCREASED	DECREASED	NONE	UNSURE
Sneezing?	NORMAL	INCREASED	DECREASED	NONE	UNSURE
Energy level?	NORMAL	INCREASED	DECREASED	NONE	UNSURE