



Pets R Family Veterinary Hospital

DIABETIC QUESTIONNAIRE

Client Name: _____ Pet's Name: _____

Insulin Information

Insulin type: _____ Insulin dosage: _____ units

How often is the insulin given? (circle one) once daily / twice daily

What time do you normally administer the insulin? _____ AM _____ PM

General Dietary Information

List the type of food, the times of day that you feed, and the amount eaten, including snacks:

General Health Information

Has your pet demonstrated excessive thirst in the past 30 days? (circle one) yes / no

Has your pet demonstrated excessive urination in the past 30 days? (circle one) yes / no

Has your pet felt well over the past 3 days? (Any vomiting, diarrhea, lethargy, unusual behavior?) _____

Amount your pet has eaten today: _____ Time: _____

Insulin given today: _____ units Time: _____

Pet's weight today: _____ lbs.