



## DIABETIC DROP-OFF QUESTIONNAIRE

Pet's name: \_\_\_\_\_ Date: \_\_\_\_\_

Time of last meal: \_\_\_\_\_ Brand of food: \_\_\_\_\_

Amount fed per meal: \_\_\_\_\_ Meals per day: \_\_\_\_\_

Last dose of insulin given: \_\_\_\_\_ Amount given (in units): \_\_\_\_\_

Type of insulin (check one): PZI \_\_\_\_\_ Glargine \_\_\_\_\_ Vetsulin \_\_\_\_\_

Please answer the following questions to help us understand how your pet has been responding to treatment since the last visit:

1. How is your pet's appetite?

- Reduced
- About the same as last visit
- Increased

2. How is your pet's attitude?

- Depressed
- Unchanged since last visit
- Improved

3. Is your pet experiencing any change in urination or drinking habits compared to the last visit?

- Urinates/drinks more
- Urinates/drinks less
- No change

4. Do you check the urine glucose? If so, when and what was the value?

\_\_\_\_\_

5. Are there any other symptoms we should know about? Do you have any other comments or questions about your pet's diabetes?

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

6. Please leave a phone number/time where you can be reached today:

1. \_\_\_\_\_ 2. \_\_\_\_\_