



# DROP OFF INFORMATION FOR DIABETIC PATIENTS

Client Name: \_\_\_\_\_ Pets Name: \_\_\_\_\_

Best Contact Numbers: \_\_\_\_\_

Medication	Dose	Frequency	Last Time Given
Reason for medication?			
Medication Instructions? : (How many times a day?)			
Best way to give medications?			
How many pills/capsules in bottle? :			
When is next dose due?			

Was your pet fed and medicated with insulin today, If yes, what time? \_\_\_\_\_

What type of food do you feed? \_\_\_\_\_

What times do you feed and how much or do you free feed? \_\_\_\_\_

Do you give anything special (Treats, Canned with insulin)? \_\_\_\_\_

What time do you give insulin? \_\_\_\_\_ AM PM

Would you be interested in the optional glucose checks prior to insulin administration for an additional \$10 /day? \_\_\_\_\_ Yes:  No:

If your pet does not eat what do you normally do? \_\_\_\_\_

Please tell us anything else you think may help us treat and/or help regulate your pet's diabetes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*In the event of a diabetic crisis, the doctors at The Big Easy Animal Hospital will treat your pet accordingly and to the best of their ability. By Signing you authorize consent to treat emergencies. We will contact you as soon as possible with an updated treatment plan and costs associated. Please be available by the phone numbers listed above.

Owner's Signature: \_\_\_\_\_ Staff Initials: \_\_\_\_\_