

**YALESVILLE VETERINARY HOSPITAL  
322 CHURCH STREET  
YALESVILLE, CT 06492**

**DIABETES MELLITUS DROP-OFF FORM**

**CLIENT NAME:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

**PET NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_

**FELINE** \_\_\_\_\_

**CANINE** \_\_\_\_\_

Type of insulin given (please circle) **Lantus** **ProZinc** **Humulin-N** **Humulin-R** **Other**

Amount of insulin given \_\_\_\_\_ units

Time insulin was given \_\_\_\_\_ a.m./p.m.

Do you give insulin once daily or twice daily? \_\_\_\_\_

Approximately at what time do you give the insulin every day? \_\_\_\_\_ a.m./p.m.

Did you pet eat this morning? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

What does your pet eat? \_\_\_\_\_

Does your pet eat at scheduled times during the day or eat freely throughout? \_\_\_\_\_

If your pet does eat at a particular time, what time does he/she eat? \_\_\_\_\_

Do you check your pet's urine for glucose and/or ketones? \_\_\_\_\_

If you do check their urine, what was today's reading? \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

**We will be checking your pet's blood glucose once or twice daily while he/she is hospitalized. They daily fee for this service is \$15.**

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_