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Diabetic Questionnaire

Client: _____ Patient: _____ Date: _____
For office use: Client ID: _____ Patient ID: _____

1. Has your pet been fed today? Yes No
If yes, what time? _____
What type of food? _____
How often do you feed? - circle (once daily, twice daily, free feed)
How much? _____

 2. Is your pet on insulin? Yes No
If yes, what type? _____
How often is insulin given? – circle (once daily twice daily)
Has the pet had insulin today? Yes No
When was insulin given? _____
How much is typically given? _____
How much was given today? _____
When is next dose due? _____

 3. Have you noticed a change in your pet's water consumption? Yes No
If yes, explain changes: _____

 4. Have you noticed a change in your pet's urine output? Yes No
If yes, explain change: _____

 5. Have you noticed a change in your pet's food consumption? Yes No
If yes, explain change: _____

- Comments: _____
