



DIABETIC DROP-OFF QUESTIONNAIRE

Owner's name: _____ Pet's name: _____
Time of last meal: _____ Brand of food: _____
Amount fed per meal: _____ Meals per day: _____
Time of last given insulin dose: _____ Amount given (in units): _____
Type of insulin: _____ Today's Date: _____

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

5. Please leave a phone number where you can be reached today: _____