

## Blood Glucose Monitoring Patient Admission Form

Date \_\_\_\_\_

Patient name \_\_\_\_\_

Owner name \_\_\_\_\_

Your pet is being admitted to the hospital today for blood glucose monitoring. Please provide the following information; it will greatly assist the veterinarians in providing your pet with the proper treatment.

Did your pet eat this morning? \_\_\_\_\_ If so, at what time? \_\_\_\_\_

Did your pet receive insulin this morning? \_\_\_\_\_ If so, at what time? \_\_\_\_\_ At what dosage? \_\_\_\_\_

Have you noticed your pet drinking more frequently? \_\_\_\_\_

Have you noticed your pet urinating more frequently? \_\_\_\_\_

Have you noticed any attitude or behavioral changes in your pet? \_\_\_\_\_

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