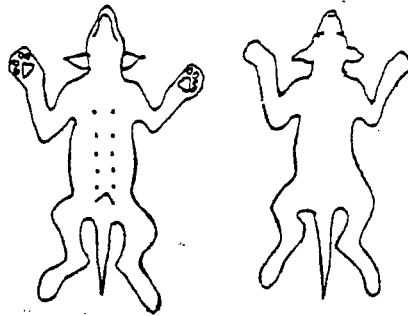


DIABETIC DROP OFF/BOARDING FORM

Date _____ Client's name _____ Pet's name _____

Veterinarian Name (if other than Animal Hospital Inc.) _____

1. What was the time of your pet's last insulin injection? _____
2. How many units of insulin do you give? _____
3. Please indicate on the picture below where the injections are given.



4. Please list everything that you are feeding and times

5. When did your pet last eat? _____
6. How much does your pet eat normally? _____
7. How much has your pet eaten in the last 24 hours? _____
8. What type of insulin are you using? (Please circle)
U100PZI U100 Lente U100 UltraLente Other _____
9. What type of syringe are you using? (Please circle)
U100 U40
10. How many times per day are you giving the above dose? _____

If you are boarding please be aware we will run and you will be charged for at least one Accucheck to monitor blood glucose.