

DIABETIC CAT CHECK-IN SHEET

Date: _____

Name of Client: _____ Name of Cat: _____

Brand of Insulin: _____ Syringe Size: _____

AMOUNT OF INSULIN CAT IS PRESENTLY ON: _____ What time(s) during the day do you

give the insulin ____ AM ____ PM Is cat on strict regimen Yes No or is insulin given

intermittently? If so please explain N/A _____

Was Insulin given this morning ? Yes No If yes, what time & amount _____

Diet cat is on (ie; canned or dry please be specific ie; iams, whiskas, friskies etc.), amount fed & times fed _____

When was cat fed last ? (how much ? if different from above) _____

Is the cat showing any of the following signs (circle those applicable):

Increased Urination Lethargy Weight Loss Diarrhea Anorexia Increased Thirst

Ravenous Appetite Walking odd Hair Loss Weakness (esp. after insulin inj.)

Other (explain): _____

Are you having any problems giving insulin, or any other concerns? _____

Did client leave insulin with us this morning Yes No

Did client leave syringe(s) here with us this morning Yes No