



BBPC DIABETIC BOARDING INFORMATION SHEET

Diabetic Boarding Information Sheet

Client Name: _____ Patient: _____

Phone Number: _____ Alternate Phone: _____

Please provide the following essential information as completely as possible:

Type of food that your pet eats: _____

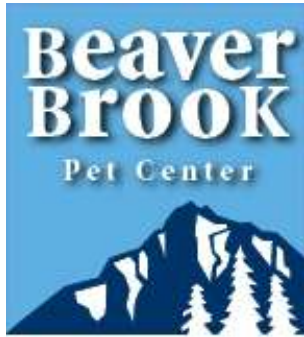
- What time(s) of day do you feed your pet?
_____ am _____ pm _____ free choice
- Amount: _____
- Was your pet fed today? ____ yes ____ no If yes, what time? _____
- Did your pet eat? ____ ate well, ____ ate half, ____ ate a little, ____ didn't eat
- Does your pet receive any snacks? ____ yes ____ no
 - If yes, what kind? _____
 - What time do you give snacks? _____
- Is water given ____ free choice or is it ____ controlled If controlled, how much? _____

Type of insulin you are giving: _____

- What time(s) of day do you administer insulin?
_____ am _____ pm
- Amount: _____
- Did your pet receive insulin this morning? ____ yes ____ no
 - If yes, what time? _____ and what amount was given? _____

How much exercise does your pet get daily?

_____ sedentary _____ mild (brief walks) _____ Moderate _____ heavy (jogs, etc)



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Please list any other medications your pet is receiving, the dose, frequency, and when the last dose was given below:

Medication	Amount (dose)	Frequency (times)	Last given
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Please tell us anything else that you think may help us treat and/or help regulate your pet's diabetes>
