

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	pmfree choice		
Amount:			
 Was your pet fed today? 	yesno If yes, what time?		
• Did your pet eat?ate	well,ate half,ate a little,didn't eat		
 Does your pet receive any s 	nacks?yesno		
If yes, what kind?			
 What time do you g 	ive snacks?		
Is water givenfree choose	oice or is itcontrolled If controlled, how much?		
Type of insulin you are giving:			
 What time(s) of day do you administer insulin? 			
ampm			
• Amount:			
 Did your pet receive insulin this morning?yesno 			
If yes, what time?	and what amount was given?		
How much exercise does your pet get daily?			
sedentarymild (brief walks)	Moderateheavy (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
Please tell us anyth	ing else that you think m	ay help us treat and/or help r	egulate your pet's diabetes>