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HOSPITAL INSTRUCTIONS FOR DIABETICS

DATE _____

CLIENT NAME _____

ANIMAL NAME _____

DR. _____

TYPE OF INSULIN _____

AMOUNT OF INSULIN _____

TIME INSULIN GIVEN _____ AM _____ PM

WAS INSULIN GIVEN TODAY _____

TYPE OF FOOD _____

AMOUNT FED _____

TIMES FED _____ AM _____ PM

SNACKS (TYPE) _____

WHEN SNACKS GIVEN _____

AMOUNT OF EXERCISE _____

TIMES EXERCISED _____

RECENT KETO-DIASTIX RESULTS _____

ANY RECENT VOMITING OR DIARRHEA _____
