

Cedar Grove Veterinary Services

Diabetic Health History Checklist

Owners' name: _____

Pets' name: _____ Dog _____ Cat _____

Date: _____ Phone number: _____

Food/ Brand _____ Dry _____ Moist _____ Canned _____

Treats/ Chews _____

Last meal eaten at: _____ Amount of food given/eaten _____

Last dose of Insulin given at: _____ Amount of Insulin given: _____ (units)

Additional History

1. Perceived weight gain _____ or weight loss _____
2. Appetite decreased _____ or Appetite increased _____
3. Vomiting _____
4. Increased water consumption _____
5. Increased urination _____ or Larger clumps in litter box _____
6. Urinary accidents _____
7. Changes in coat condition _____
8. Decreased activity/ sleeping more _____
9. Weakness/ difficulty moving _____
10. Changes in vision _____

Owner's Signature _____