



**Mebane Pet Clinic**  
1028 Mebane Oaks Rd., Mebane, NC 27302  
919-304-5200

**BLOOD GLUCOSE CURVE – DROP-OFF FORM**

*Please complete entire form to help us better care for your pet.*

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

When did you last give your pet insulin?

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (am / pm) Amount: \_\_\_\_\_

Has your pet eaten today? If so, what time? \_\_\_\_\_

What brand/type of food do you feed your pet? \_\_\_\_\_

How much insulin do you administer per day and how often? \_\_\_\_\_

At what time do you administer your pet's insulin? \_\_\_\_\_

What type/brand of insulin does your pet receive? \_\_\_\_\_

Is your pet eating/drinking normally? Please describe any changes in detail.

\_\_\_\_\_

Is your pet urinating normally? Please describe any changes in detail.

\_\_\_\_\_

Have you noticed any changes in your pet's behavior? Please describe.

\_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Phone number where you can be reached today: \_\_\_\_\_

Witness Initial: \_\_\_\_\_