



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: _____