BLOOD GLUCOSE CURVE FORM

EDMONTON Holistic Veterinary Clinic

DATE OF CURVE _____

PATIENT

Name _____

CLIENT

First Name _____ Last Name _____

Phone Number _____ Email Address _____

INSULIN

INSULIN TYPE

☐ Caninsulin ☐ Lantus ☐ Other _____

INSULIN DOSE (UNITS) _____

TIME OF ADMINISTRATION _____

FOOD

FOOD BRAND _____

FOOD TYPE

☐ Wet / Canned ☐ Wet / Canned and Dry

☐ Dry ☐ Other _____

AMOUNT FED PER DAY _____

MEAL TIMES _____

ADDITIONAL HISTORY

CLINICAL SIGNS _____

e.g. drinking/urinating more, lethargy, etc.

BRAND/STYLE OF GLUCOMETER USED _____

edmontonholisticvet.com
email: ehvclinic@gmail.com
phone: 780-436-4944 fax: 780-438-0465
9793 54 Ave NW Edmonton AB T6E 5J4

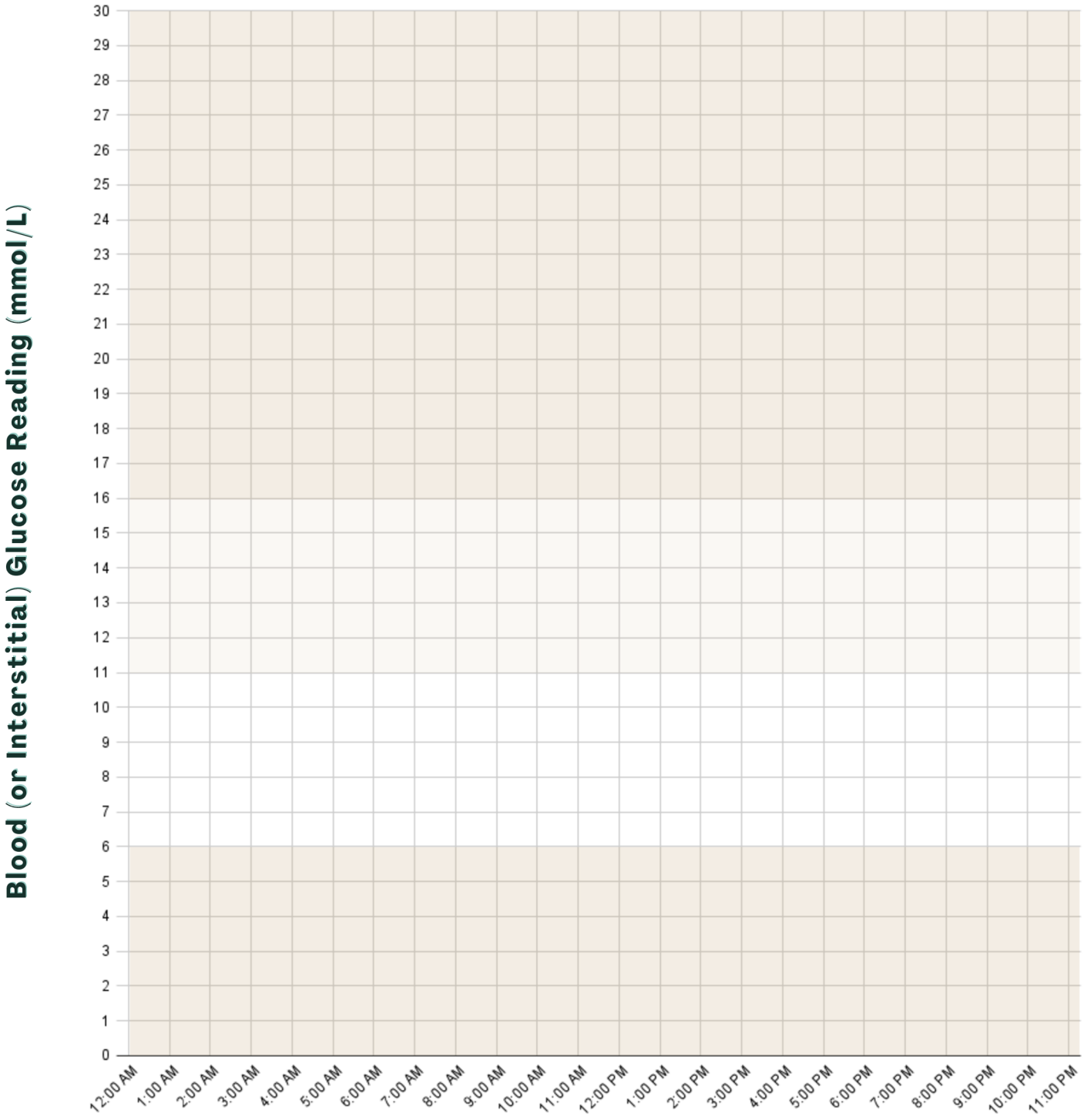
EDMONTON Holistic Veterinary Clinic

GLUCOSE READINGS

Please record the following:

- ● Glucose Reading ★ Insulin Given

6 = min. suitable level for cats/dogs 11 = max. suitable level for dogs 16 = max suitable level for dogs with cataracts and cats



Committed to providing heartfelt, high-quality integrative medicine

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