

DATE:		

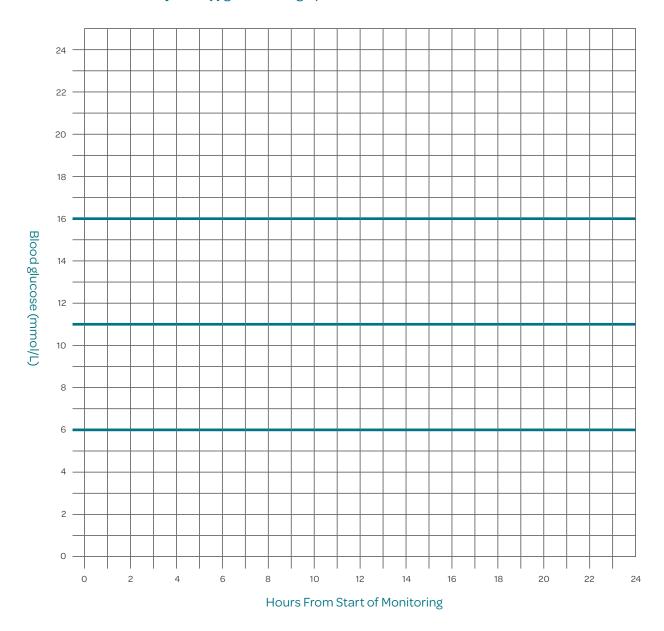
## **Blood Glucose Curve Form**

Complete the blood glucose curve form below or online at towncentrevet.ca/forms.

GENERAL INFORMATION	PET'S BACKGRO	DUND	
Owner's Name *	Date of Curve		
First + Last Name	MM DD YYYY		
Pet's Name	Insulin Type	Insulin Type  Caninsulin Lantus Other	
Email*	Insulin Dose	Time of Administration	
		HR MIN AM/PM	
	Food Brand		
	Food Type  Dry Canned Mix Co		
	Meal Times		
	Clinical Signs (drinking/urinating more, lethargy, etc.)		
	Glucometer Name		

## **GLUCOSE FINDINGS**

## Please record time of injection(s) given on the graph.



6 = minimum suitable level for blood glucose for dogs and cats 11 = maximum suitable level for dogs without cataracts 16 = maximum suitable level for dog with cataracts and cats

