

CATS EXCLUSIVE
19203 AURORA AVE. N.
SHORELINE, WA 98133
(206) 546-2287

ADMISSION INFORMATION FOR DIABETICS

Date: _____ Today's Telephone number: _____

Your name: _____ Cat's name: _____

Type(s) of insulin currently on and the dose:

___ Diluted (10 units/ml)
___ Undiluted (100 units/ml)

	<u>Morning dose:</u>	<u>Evening dose:</u>
Humulin – U (<i>Ultralente</i>)	_____ units	_____ units
Humulin – R (<i>Regular</i>)	_____ units	_____ units
Humulin – N (<i>NPH</i>)	_____ units	_____ units
Humulin – L (<i>Lente</i>)	_____ units	_____ units
PZI	_____ units	_____ units
Other _____	_____ units	_____ units

What time(s) do you usually give the insulin? _____

Did you give it today? _____ Did you bring it today? _____

Do you need more insulin, syringes, or other medications? If so, list:

How much and what type of food has your cat been eating?

When did he/she last eat?

Since the last visit, your cat's

(please circle one)

-water consumption is....	More	less	about the same
-amount of urine is....	More	less	about the same
-appetite is....	More	less	about the same
-activity is....	More	less	about the same

Is there any additional information you would like us to know?