



**- BLOOD GLUCOSE CURVE SHEET -**

Date: \_\_\_\_\_ Client: \_\_\_\_\_

Patient: \_\_\_\_\_ Contact #: \_\_\_\_\_

Did you bring insulin?      YES    NO      What kind? \_\_\_\_\_

What time was insulin last given at home? \_\_\_\_\_ How much? \_\_\_\_\_

How much insulin are you currently giving? \_\_\_\_\_ How often? \_\_\_\_\_

Did you bring food?            YES    NO      When did the pet last eat? \_\_\_\_\_

How much and what time is the pet normally fed? \_\_\_\_\_

What kind of food does the pet normally eat? (Dry or canned? Brand?) \_\_\_\_\_

.....  
*GLUCOSE CURVE (For hospital use below)*

Entering BG \_\_\_\_\_ Time \_\_\_\_\_ Weight \_\_\_\_\_

**Fed:** YES NO      Time \_\_\_\_\_      **Ate:** YES NO      Time \_\_\_\_\_

**Insulin given:** YES NO      Time \_\_\_\_\_      Type \_\_\_\_\_      Amount \_\_\_\_\_

<b>TIME</b>	<b>BG</b>	<b>TIME</b>	<b>BG</b>	<b>TIME</b>	<b>BG</b>
9am		1pm		5pm	
9:30		1:30		5:30	
10:00		2:00		6:00	
10:30		2:30		6:30	
11:00		3:00		7:00	
11:30		3:30		7:30	
12:00		4:00		8:00	
12:30		4:30		8:30	