



Claws & Paws

VETERINARY HOSPITAL®
CPVH.com - 281.997.1426

Blood Glucose Curve Form

Please fill out the following form as completely as possible.

Pet's Name: _____

Date Started: _____

	Time	Blood Glucose	Food (amount, type)	Insulin (units)
*Pre-Feeding				
2 Hours				
4 Hours				
6 Hours				
8 Hours				
10 Hours				
12 Hours				
14 Hours				
16 Hours				
18 Hours				
20 Hours				
22 Hours				
24 Hours				

- Check Blood Glucose prior to feeding and then give insulin at time of feeding (only if eats)

	Improved	Worsened	No Change	Explain
Attitude				
Appetite				
Thirst				
Urination				
Defecation				
Vomiting				
Breathing				

Additional Comments or Concerns: _____

Please email results to Receptionist@CPVH.com - Call if you have any questions.

You can print additional forms from our website at CPVH.com/Forms