



1434 W. Alabama St.  
Houston, TX 77006  
p.713.528.4900  
f.888.504.9006  
[www.MidtownVetHospital.com](http://www.MidtownVetHospital.com)

## Glucose Curve Check-In

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

Owner(s):

Phone Number to reach you *today*: \_\_\_\_\_

Additional Contact information: \_\_\_\_\_

Pet:

Check-in time this morning: \_\_\_\_\_

Last meal and insulin(units): \_\_\_\_\_

Last time we saw, \_\_\_\_\_ was \_\_\_\_\_.

Since then, please update the following:

Diet(frequency, type, amount): \_\_\_\_\_

Type of insulin and usual dose: \_\_\_\_\_

**Water drinking:** Increase , Decrease , Same

**Eating:** Increase , Decrease , Same

**Urinating:** Increase , Decrease , Same

Any additional comments or concerns you'd like the doctor to address while your pet is with us today?

By signing this document, I am admitting my pet for diagnostics, treatment, or surgery. I authorize Midtown Veterinary Hospital and their support staff to administer any such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE PERFORMED.

\_\_\_\_\_  
Signature of responsible party

GLUCOSE CURVE FOR \_\_\_\_\_

Check in Time:

Pet's Belongings:

Location:

Weight Today:

**BLOOD GLUCOSE MEASUREMENTS:**

7am:

8am:

9am:

10am:

11am:

12pm:

1pm:

2pm:

3pm:

4pm:

5pm:

6pm:

MEAL(S):