



**COLLEGE STATION
CAT CLINIC**

Complete,

Compassionate Care for Cats

1010 College Avenue Wheaton, Illinois 60187
Telephone 630.690.4949 Fax 630.690.8323
www.collegestationcat.com

Cat's Name _____ Last Name _____ Date _____

What is your cat's current food: D/M Dry D/M Canned

Other diet: please list: _____ Dry or Canned

Did your cat eat today? Yes / NO

How is your cat's water consumption?

Normal Unsure Drinks excessively Increased Decreased

How is your cat's urine production?

Normal Unsure Excessive Increased Decreased

How is your cat's appetite?

Normal Unsure Excessive Increased Decreased

Is your cat missing the litter box with urine? Yes / NO

Is your cat missing the litter box with stool? Yes / NO

Type of insulin given? Please circle

Humulin N Prozinc PZI Glargine Vetsulin

Other insulin please list: _____

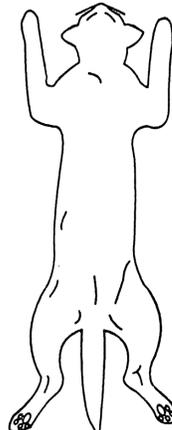
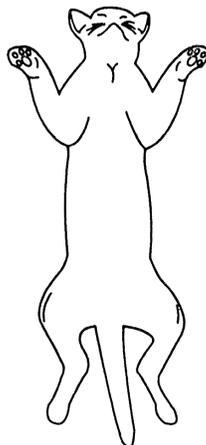
Do you need any refill(s)? Yes / NO

Normal dose of insulin? _____ units

Normal time of insulin? _____ AM _____ PM

Did your cat get his/her insulin today? Yes / NO

Where do you inject the insulin? (Please indicate on the diagram below the approximate location(s) for injections by putting an "X" in one or more location(s))



Have you noticed a change in your cat's attitude or behavior recently? Yes / NO

Has your cat's energy level changed? Yes / NO

Are you concerned about any other health issues regarding your cat? Yes / NO

If yes, please explain.

What other current medications and doses is your cat currently taking?

<i>Medication</i>	<i>Instructions</i>	<i>When is next dose due?</i>