

# VETERINARY VISIT HANDOFF

Canine diabetes care summary | Complete from your records before the visit

## OWNER-PREPARED SUMMARY - NOT A PRESCRIPTION

Use the current label and veterinary records. Ask your veterinary team to confirm the plan and any changes.

### PET AND OWNER

|                           |                        |                     |                       |
|---------------------------|------------------------|---------------------|-----------------------|
| Pet name                  | Date of birth / age    | Breed / description | Current weight / date |
| Owner / primary caregiver | Phone / email          | Visit date          |                       |
| Primary veterinary clinic | Veterinarian / contact |                     |                       |

### CURRENT DIABETES CARE PLAN - COPY FROM THE CURRENT VETERINARY INSTRUCTIONS

|                                                                       |              |                                |                       |
|-----------------------------------------------------------------------|--------------|--------------------------------|-----------------------|
| Diagnosis date                                                        | Insulin name | Concentration                  | Device / syringe type |
| Prescribed amount and timing (copy exactly from current instructions) |              | Food / meal routine and timing |                       |
| Other medications and amounts as prescribed                           |              | Other conditions / allergies   |                       |

### RECENT CHANGES NOTICED AT HOME

Check any noticed; add when each change began in the notes below.

- |                                              |                                            |                                       |                                            |
|----------------------------------------------|--------------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Thirst / urination  | <input type="checkbox"/> Appetite          | <input type="checkbox"/> Weight       | <input type="checkbox"/> Energy / behavior |
| <input type="checkbox"/> Vomiting / diarrhea | <input type="checkbox"/> Vision / mobility | <input type="checkbox"/> Other change |                                            |

What changed, when it began, and anything else the clinic should know

### LAST CONFIRMED INJECTION

|             |                      |             |          |
|-------------|----------------------|-------------|----------|
| Date / time | Amount as prescribed | Meal / time | Given by |
|-------------|----------------------|-------------|----------|

If an injection may have been missed or repeated, contact the veterinary team directly for instructions.

# VETERINARY VISIT HANDOFF

Recent monitoring, questions, and clinic-confirmed next steps

## RECENT MONITORING AND CARE LOG

Use the units and measurement method shown by your clinic. Attach another log if needed.

| Date / time | Result + units | Meal / food | Insulin / time | Notes / signs |
|-------------|----------------|-------------|----------------|---------------|
|             |                |             |                |               |
|             |                |             |                |               |
|             |                |             |                |               |
|             |                |             |                |               |
|             |                |             |                |               |
|             |                |             |                |               |

## REASON FOR VISIT AND QUESTIONS FOR THE VETERINARY TEAM

Main concern(s), when they began, and questions you want to cover

## VETERINARY TEAM - CONFIRM PLAN AND FOLLOW-UP

Assessment / records reviewed

Current medication plan and effective date (write or attach the clinic instructions)

Instructions for missed dose, uncertain dose, eating less, or vomiting - specific to this dog

Monitoring / recheck plan

Next appointment date

Clinic phone / after-hours contact and instructions

Veterinary team member

Date

Clinic phone