



| | |
|--------------|--|
| Client Name: | |
| Cat's Name: | |
| Diet Fed: | |

| Date | Time of Feeding | Amount Eaten | Insulin Dose | Time of Insulin Dose | Water Intake | Water Volume = | Urine Production | Urine Volume = | Comments |
|---------------------|-----------------|--|--------------|---|---|----------------|---|----------------|--|
| Example: 05/06/2025 | 7:00 | <input checked="" type="checkbox"/> am 1/2 cup morning | 2 units | 7:04 <input checked="" type="checkbox"/> am | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input checked="" type="checkbox"/> No change | 300ml | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input checked="" type="checkbox"/> No change | 50ml | Fed and gave injection an hour earlier than usual because I had to go to work early. |
| | 4:30 | <input checked="" type="checkbox"/> pm 1 cup Afternoon | 2 units | 4:32 <input checked="" type="checkbox"/> pm | | | | | |
| | | am | Units | am | Increasing | | Increasing | | |
| | | pm | Units | pm | Decreasing | | Decreasing | | |
| | | | | | No change | | No change | | |
| | | am | Units | am | Increasing | | Increasing | | |
| | | pm | Units | pm | Decreasing | | Decreasing | | |
| | | | | | No change | | No change | | |
| | | am | Units | am | Increasing | | Increasing | | |
| | | pm | Units | pm | Decreasing | | Decreasing | | |
| | | | | | No change | | No change | | |
| | | am | Units | am | Increasing | | Increasing | | |
| | | pm | Units | pm | Decreasing | | Decreasing | | |
| | | | | | No change | | No change | | |
| | | am | Units | am | Increasing | | Increasing | | |
| | | pm | Units | pm | Decreasing | | Decreasing | | |
| | | | | | No change | | No change | | |
| | | am | Units | am | Increasing | | Increasing | | |
| | | pm | Units | pm | Decreasing | | Decreasing | | |
| | | | | | No change | | No change | | |
| | | am | Units | am | Increasing | | Increasing | | |
| | | pm | Units | pm | Decreasing | | Decreasing | | |
| | | | | | No change | | No change | | |



“Specialist veterinary care just for cats”

| Date | Time of Feeding | Amount Eaten | Insulin Dose | Time of Insulin Dose | Water Intake | Water Volume = | Urine Production | Urine Volume = | Comments |
|------|-----------------|--------------|--------------|----------------------|--------------|----------------|------------------|----------------|----------|
| | am | | Units | am | Increasing | | Increasing | | |
| | pm | | Units | pm | Decreasing | | Decreasing | | |
| | | | | | No change | | No change | | |

| | | | |
|------------|-----------------|------------------|------------|
| Glucose 2+ | Ketones: | Ketones Negative | Ketones 2+ |
| Glucose 3+ | | Ketones 1+ | Glucose 3+ |

Note: body weight checked once weekly, urine dipstick once weekly. More frequent assessment maybe required for some patients. Check with us if you are unsure. If ketones are identified please contact us.

NOTES