

Diabetic Pet Home Care Notebook

Pet's Name: _____ Insulin type: _____ Owner: _____

Date	Pre-shot bg or urine test	Insulin dose and time	Meals: amount and time (or notes about not eating)	Comments: Snacks, Exercise, Urination habits, unusual events (eg. vomiting, lethargy), Home testing results
	am	am	am	
	pm	pm	pm	
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	pm	pm	pm	
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