

BLOOD GLUCOSE MONITORING FOR

PET DETAILS			TREATMENT	
Pet's name and patient I	D number:		Date:	
Species:		Breed:	Number of units of Caninsulin and time a	dministered:
Sex:	Age:	Weight:	Time blood glucose monitoring started:	
Feeding time:		a.m. p.		
PLEASE RECORD	BLOOD G	LUCOSE MONITORING	11.	
Hours from start of		Blood glucose mmol/l	Hours from start of monitoring	Blood glucose mmol/l
PRACTICE DETA	ILS			
Practice name:			Please email the completed form to v	vet-support.uk@msd.com
Vet's / nurse's name:				
Contact number:			Caninsulin® 40 IU/ml Suspension for Injection contains porcir Further information is available from the SPC, datasheet or particles. Advice should be sought from the medicine prescriber.	ackage leaflet.
Preferred contact day and time (a.m. or p.m):			Prescription decisions are for the person issuing the prescript Use Medicines Responsibly. Copyright © 2024 Merck & Co., Inc., Rahway, NJ, USA and it All rights reserved.	
Email:			MSD Animal Health UK Limited Walton Manor, Walton, Milton Keynes, MK7 7AJ, UK Registered in England & Wales no. 946942.	MSE MSE

Animal Health