



AlphaTRAK[®] Blood Glucose Monitoring System

Client Home Use Instructions

Client Name: _____ Pet Name: _____

Veterinarian Name: _____ Clinic Name: _____

In case of emergency, please contact: _____ at # _____

Important Information for Client: _____

Curve Instructions: _____

Blood Glucose Curve Data Collection

	Blood Glucose Reading	Time of Glucose Test	Insulin Units/Type	Injection Time	Notes/Comments
1st Reading					
2nd Reading					
3rd Reading					
4th Reading					
5th Reading					
6th Reading					
7th Reading					

Note: All recommendations on this form are those of your veterinary professional.

Client Home Use Instructions

When to test: _____		Test Frequency ____ time / ____		
Extremely Low below ____ mg/dL below ____ mg/dL	Low ____ to ____ mg/dL	Good Control ____ to ____ mg/dL	High ____ to ____ mg/dL	Extremely High above ____ mg/dL above ____ mg/dL
Action(s):	Action(s):	Action(s):	Action(s):	Action(s):