



Quality of Life Considerations

Lifetime Care-- End of Life Concerns

If your pet is aging or has a chronic or serious illness, you may be concerned about your pet's quality of life and the responsibility of end of life care. While your pet may be early in their disease, an open sharing of concerns, prognosis, treatments, and current status can give us the best chance of teaming up with you to maximize your pet's quality of life for as long as possible. Hopefully the following information, considerations, and questionnaires can help you in this journey.

Contact/Basic Information

Client Name: _____

Patient Name: _____ Species: _____

Breed: _____ Age: _____

Email: _____

Date: ____/____/____

Part 1: Patient Concerns

Please check any items that apply.

I am concerned about quality of life for my pet because of:

___ general aging

___ a specific diagnosis --please

specify: _____

I have discussed my pet's problems with my vet and feel that I:

___ have a good understanding of how their health will decline over time and what to expect

___ understand the treatments suggested and how to administer them to my pet

___ know what to look for in my pet to know if they are in pain or suffering in some way

___ would like more information on disease progression, additional treatment options, or pain assessment

Part 2: Client Concerns Scale (
Total post-cons:____)

Vet use: Total pre-cons:_____

Please respond from “0” meaning you do NOT have this concerns, to “2” meaning this issue is of great concern to you.

I am concerned about the following things:

- ___ My pet feeling pain or suffering
- ___ Desire and ability to perform nursing care for my pet
- ___ Pet dying alone
- ___ Not knowing the right time to euthanize
- ___ Coping with loss myself
- ___ Concern for other household animals
- ___ Concern for other members of the family (i.e. children)

Total: _____

When answering the questions below, consider how much time, emotional energy, and financial resources you have to devote to your pet’s end of life care. Your open and honest answers will help to create a plan that will be realistic for you while providing quality of life for your pet.

- Have you ever been through the loss of a pet before? If so, please describe the circumstances and your feelings towards the experience.

- What do you *hope* the life expectancy of your pet will be? What do you *think* it will be?

- If you could choose the way your pet’s life ended, what would it be? For example, that she would pass away peacefully in her sleep? Or surrounded with family in a special location or at home?

- What situations might you be dealing with that you’re concerned may limit your ability to care for your pet’s special needs?

Part 3: Patient Quality of Life Assessment

- Have more than one person in the household fill in the scale, as perspectives may differ based on time spent with your pet and perception of changes in their behaviour.
- Fill out the scale daily for a few days, at different times of day. At the end of each day, mark down on a calendar if the day was a 'good' or 'bad' day.
- Take a photo of your pet every few days. Sometimes pictures speak a thousand words, and comparison over time can make slow deterioration more obvious.

On the following lines, place a score of 0-10 that best describes your pet in response to the group of questions. Feel free to make any particular notes at the end so that your veterinarian can better understand your individual situation. If you are unsure how to evaluate your pet, please discuss it with your veterinarian.

Note that each group of statements pertains to a general category, and that not all the statements in the category may apply. You may cross out a statement if it doesn't apply at all, but other statements in the group do apply. Then chose a number between 0-10 that indicates how well it represents your pet. A rating of "0" means the group of statements DOES NOT RELATE to your pet, while "10" means the statements STRONGLY RELATE to your pet. There aren't any right or wrong answers; your feedback gives us a baseline from which to compare future assessments.

_____ *Breathing*

My pet is struggling to breathe.
My pet pants or coughs a lot, even at rest.

_____ *Comfort*

It is obvious to me that my pet is in pain.
My pet limps visibly.
My pet licks certain areas of her body or growls when we touch specific areas.
The sleep habits of my pet have become erratic or obviously changed.

_____ *Body condition*

My pet has lost weight.
My pet's appetite has decreased.
Eating seems to be uncomfortable, or my pet is reluctant to eat.
Attempts to tube feed or hand feed my pet frustrate me and/or my pet.

_____ *Water intake*

My pet can't seem to drink enough.
Our veterinarian is concerned that my pet is dehydrated.
Attempts to administer subcutaneous fluids or encourage water intake frustrate me and/or my pet.

_____ *Hygiene*

My pet does not allow me to brush, bathe, or otherwise perform routine grooming.
There are pressure sores, excessively long toenails, or heavy hair mats present on my pet.
There is urine or faeces on my pet after they toilet.

_____ *Emotional state*

My pet's level of interaction with me has changed (either noticeably increased OR decreased).
My pet's favourite toys or activities excite her less.
Things my pet really disliked when she was young no longer bother her.
My pet seems afraid, anxious, or has trouble sleeping.
It's obvious that my pet has decreased vision or hearing, and this is causing her distress.
My pet appears anxious or frustrated when she cannot do as much as she would like to, such as go on longer walks or jump up to a favourite resting spot.

_____ *Mobility*

I now have to help my pet stand from a laying position, or help her lay down comfortably.
There are times when my pet struggles to reach food/water, toileting areas, or sleeping areas.
Using stairs to enter our home or within our home has become difficult for my pet.
Slippery floors (tiles, floorboards) are tough for my pet to handle.
Balance is an issue for my pet.

_____ *Toileting*

My pet is incontinent (urine or faeces) or toileting outside of the normal areas.
Toileting seems to cause physical pain or emotional stress for my pet.

_____ *Overall impressions*

My pet has more bad days than good.
The relationship between me and my pet is strained.
The nursing care I provide to my pet is causing distress to me or my pet.

Total: _____

Please tell us a little bit more about your pet, family, living arrangements, and pet-owner relationship. Why are you concerned about your pet's quality of life? Tell us anything else you feel is important to know, and add any pages as necessary.