



# KINDRED SPIRITS Pet Services

Compassionate, Gentle & Respectful

## Quality of Life Questionnaire♥

The effects of disease and the natural aging process can slowly take a toll on our companion animals. It can be difficult to notice these changes unless you look for specific clues. Since you know your pet better than anyone, you may be best to notice subtle changes in your pet's behavior, habits, and activities. This questionnaire or checklist will provide Kindred Spirits information to help manage, provide a better quality of life for your pet, or assist you in making end of life decisions for you beloved companion.

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Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

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### History & Current Medical Issues:

Diagnoses: \_\_\_\_\_

\_\_\_\_\_

Current Medications, Supplements & Treatments: \_\_\_\_\_

\_\_\_\_\_

If you think your pet is in pain, what indications have you noticed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current pet difficulties or challenges: \_\_\_\_\_

\_\_\_\_\_

Are there concerns about the caregivers' ability to assist the pet? \_\_\_\_\_

\_\_\_\_\_

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### Sleep Patterns:

How many hours of sleep does your pet average per day? \_\_\_\_\_ hours

Do they have a peaceful sleep throughout the night? Yes No

If No, do they get up during the night to (mark all those that apply):

- Urinate     Defecate     Drink Water     Pant     Pace  
 Whine     Bark     Other: \_\_\_\_\_

Additional information: \_\_\_\_\_

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**Elimination Patterns:** Has there been...?

- Increase in urination                       Urinary accidents  
 Leaking urine where they lay     Changes of fecal appearance  
 Fecal incontinence                       Awareness of fecal incontinence

Other, please explain: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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**Ears/Eyes/Nose/Throat:** Have you Noticed....

- A change in hearing     A change in their bark     Meowing/roaning  
 Coughing more                       A cough that sounds like throat clearing  
 Bad breath                       Panting more frequently                       Vision problems

If vision problems (mark all that applies):

- In bright light     In dim light                       At night     Up close

Other concerns: \_\_\_\_\_

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**Skin:** Have you noticed...

- Nails longer than normal                       Itching     Shivering     Masses     Smell bad  
 Licking/chewing on body

For cats: Does your pet still groom him or herself?  Yes  No

Is your pet's skin:  flaky     dry     oily     unkempt

Does your pet seek out areas that are: hot      cold sunny      hard      soft

Additional info: \_\_\_\_\_

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**Mentation:** Does your pet do any of the following?

Pace during the day      stare off into space      show increased      aggression

experience seizures      Exhibit less interaction with family

act disoriented or distant during the day      Find themselves stuck in odd location

Show agitation certain times of the day If yes, please explain: \_\_\_\_\_

How long is the pet left by him or herself during the day? \_\_\_\_\_

Does your pet have a favorite game? Yes No

If yes, explain: \_\_\_\_\_

Additional info: \_\_\_\_\_

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**Eating/Drinking:** Has there been....?

Increase in thirst    weight loss    weight gain

What is the diet your pet is currently on? \_\_\_\_\_

Treats? \_\_\_\_\_

Current eating habits & appetite: \_\_\_\_\_

Additional info: \_\_\_\_\_

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**Mobility:** Check all of the following that pertains to your pet?

Needs assistance to get up      dragging feet/toes    change in gait/walk

has difficulty jumping      must navigate up/down stairs inside/outside the home

need assistance climbing stairs

What floor type do you have at home: tile      wood floor    rug    other:\_\_\_\_\_

What is your pet's exercise schedule? \_\_\_\_\_

Has this changed in the past year? Yes No If yes, explain: \_\_\_\_\_

Additional info: \_\_\_\_\_

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**Other Questions:**

Other pets in household (what kind, names, ages) \_\_\_\_\_

Concerns about other pets in the home: \_\_\_\_\_

Describe a good day for your pet: \_\_\_\_\_

List the top 3 favorite things for your pet

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List 3 things your pet dislikes or is fearful of

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you think your pet's quality of life is?

Do you have previous end of life pet experiences? How was your experience?

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**Future Expectations & Wishes**

What do you think or hope the life expectancy of your pet will be? \_\_\_\_\_

What are your goals for your pet? \_\_\_\_\_

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What are your expectations for veterinary care?

Diagnostics & Treatment    Hospitalization    Comfort Care    Euthanasia  
Referral to Specialist    Unknown    Other: \_\_\_\_\_

What is the ideal situation for your pet's end of life experience?

\_\_\_\_\_

What are your aftercare wishes?    Aquamation    Cremation    Burial

Do you have spiritual or religious preferences regarding end of life procedures?

\_\_\_\_\_

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**Other information:**

Do you have pet insurance? NO    YES    Carrier: \_\_\_\_\_

Do you have any financial concerns regarding end of life care?

\_\_\_\_\_

Do you have any other information you would like to share with Kindred Spirits?

\_\_\_\_\_

\_\_\_\_\_

Do you have any other questions? \_\_\_\_\_

\_\_\_\_\_