



PATIENT INFORMATION FORM

Pet Name: _____ Owner Name: _____

HISTORY & CURRENT SITUATION

Diagnoses:

Current Medications, Supplements & Treatments:

If You Think Your Pet Is In Pain, What Indications Have You Noticed?

Current Diet & Treats:

Current Eating Habits & Appetite:

Current Bowel And Bladder Function:

Vaccines Up to Date: YES NO

Current Pet Difficulties Or Challenges:

Concerns About Other Pets In The Home:

How Many Hours Per Day Is The Pet Alone? _____

Are There Concerns About The Caregivers' Ability To Assist The Pet?

Do You Have Previous End-of-Life Pet Experiences? How Was Your Experience?

FUTURE EXPECTATIONS & WISHES

What Do You Think Or Hope The Life Expectency Of Your Pet Will Be?

What Are Your Goals For Your Pet?

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?

Pass Naturally At Home	Hospice-Assisted Natural Passing	Humane Euthanasia
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What Are Your Aftercare Wishes?

Aquamation	Cremation	Burial
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Do You Have Spiritual Or Religious Preferences Regarding End-Of-Life Procedures?

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?
