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Quality assessment of the pet's life.

Give 1 point in each section you feel is relevant to your pet.

My pet...	Strongly Agree (All the Time) (Severe)	Agree (Most of the Time) (Significant)	Neutral (Sometimes) (Mild)	Disagree (Occasionally) (Slight)	Strongly Disagree (Never) (None)
does not want to play					
does not respond to my presence or does not interact with me in the same way as before					
does not enjoy the same activities as before					
is hiding					
demeanor/behavior is not the same as it was prior to diagnosis/illness					
does not seem to enjoy life					

has more bad days than good days					
is sleeping more than usual					
seems dull and depressed					
seems to be or is experiencing pain					
is panting (even while resting)					
is trembling or shaking					
is vomiting and/or seems nauseous					
is not eating well - (may only be eating treats or only if fed by hand)					
is not drinking water well					
is losing weight					
is having diarrhea often					
is not urinating well					

is not as active as normal					
needs my help to move around normally					
is unable to keep self clean after soiling					
has coat that is greasy, matted, or rough-looking					
How is my pet's overall health compared to the initial diagnosis/illness ?	Total:	Total:	Total:	Total:	Total:
Current Quality of Life (place "X" along the line that best fits your pet's quality of life)	<div> <div>Poor</div> <div></div> <div>Good</div> </div> <hr/>				

- If the total of the first two columns is more than the last two columns, it indicates the pet's health is in poor condition. Contact us at 904-262-2953
- If the middle column has the maximum numbers it means the pet is in the same condition.
- If the total of the last two columns is more than the first two columns, it indicates the pet's health is in good condition.

Bring this form along with you to the appointment.