



Whitesburg Animal Hospital, PC
Hospice Care Program Quality of Life Daily Assessment Record
 Please evaluate your pet in each category daily using the following scale.
0 = My pet is doing very poor - 10 = My pet is doing really great
 Please have this record handy when speaking with our Hospice Team;
 This will allow them to tailor your pet's palliative therapy plan.

| Date | | | | | | | | | | | | | | | | | | | |
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| Hurt | | | | | | | | | | | | | | | | | | | |
| Hunger | | | | | | | | | | | | | | | | | | | |
| Hydration | | | | | | | | | | | | | | | | | | | |
| Happiness | | | | | | | | | | | | | | | | | | | |
| Mobility | | | | | | | | | | | | | | | | | | | |
| More Good Days Than Bad | | | | | | | | | | | | | | | | | | | |
| Total Daily Score | | | | | | | | | | | | | | | | | | | |
| Does your pet seem happy, content and comfortable? | | | | | | | | | | | | | | | | | | | |
| Is your pet quiet or unsettled? | | | | | | | | | | | | | | | | | | | |
| Is your pet restless or seem indifferent or non-responsive to surroundings? | | | | | | | | | | | | | | | | | | | |
| Does your pet appear nervous, anxious, fearful, hunched to tense? | | | | | | | | | | | | | | | | | | | |
| Is your pet rigid, depressed or non-responsive to stimulation? | | | | | | | | | | | | | | | | | | | |

| Date | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Hurt | | | | | | | | | | | | | | | | | | | |
| Hunger | | | | | | | | | | | | | | | | | | | |
| Hydration | | | | | | | | | | | | | | | | | | | |
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