Village Veterinary
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Jupiter, Florida 33469
561-745-0052
Steve Pullon, DVM / Dan Rosenberg, VMD /Rena Fulton, DVM

QUALITY OF LIFE EVALUATION

Client: _____ Date: _____

Pet: _____

Please complete this evaluation of your pet's quality of life. Rate each symptom on a scale of 1-5, with 1 being "not a concern", and 5 being "a constant concern". Please write down details that you would like to discuss with us. The doctor will use this tool to better understand your pet's health status.

1 = not a concern
5 = a constant concern

1. Hurt: 1 2 3 4 5 _____

2. Hunger: 1 2 3 4 5 _____

3. Hydration: 1 2 3 4 5 _____

4. Hygiene: 1 2 3 4 5 _____

5. Happiness: 1 2 3 4 5 _____

6. Mobility: 1 2 3 4 5 _____

7. More good days than bad: Yes No _____

8. Terminal Illness: Yes No _____