

Hospice Intake Questionnaire

for Companion Animal Caretakers Considering Hospice Care

Pet's name: _____

Today's date: ____/____/____

Evaluation of Needs, Beliefs, and Goals for Your Pet and Family

Describe your pet's relationship with you, your family, and your other pets in the house.

What is your experience with hospice care for a person or a pet?

What is your own quality of life right now?

What are your beliefs regarding euthanasia versus hospice-supported natural death?

Is an unassisted death something you would wish to consider or explore?

Education About the Disease Process and Illness Trajectories

Describe how your pet's disease was diagnosed and has been treated so far. How have you and your pet been affected by this?

What is your understanding of your pet's disease and how it may progress?

What medical options have you been offered thus far?

What signs of illness or discomfort are you seeing now?

What other questions do you have about your pet's disease?

Development of a Personalized Plan for the Pet and Pet Owner

Assessing your pet's quality of life

What were five things that made your pet happy just prior to developing this illness?

Rate your pet's current quality of life on a scale of 0–10 (0 = no quality, 10 = best quality). What are your reasons for assigning this number?

How does the current treatment plan fit in with you and your pet's quality-of-life needs? What, if anything, is lacking? What do you feel can be done better?

What are your financial concerns, if any, surrounding an end-of-life care plan?

What are your desires regarding the location (i.e., short-term hospitalization, in-home options only) where your pet will spend most of his or her treatment?

Veterinary Services and Adjunct Care

How does your pet act in the hospital? How do you feel when your pet is in a hospital setting?

What are your preferences for how we will monitor your pet's disease? Would you consider additional or continued diagnostic tests?

How does your pet tolerate testing?

What do you know about acupuncture, Reiki, and energy healing as additional ways to care for your pet?

Nutritional support

What is your pet's current diet? Are you open to home cooking?

How much is your pet eating and drinking every day?

Are you having to feed/encourage intake?

If providing nutritional support is elected, your pet's daily caloric and fluid requirements are _____.

What are your thoughts on supplementing your pet's water intake through subcutaneous fluid administration (injecting sterile fluids under his or her skin to maintain hydration)?

Medications

Does your pet easily take medications?

What challenges do you or your pet have with administration of medication?

Would compounded/injectable options be less stressful for you and your pet?

Can you give injections or are you willing to learn?

If medication administration is easy, would you be interested in supplementing with nutraceuticals and herbal medications?

Other Treatment Logistics

What are your arrangements for 24-hour care in case of emergency?

Do you have any plans to be away in upcoming future? If you do, who will be responsible for care and decisions? What financial arrangements should be made in your absence? (Consider completing an absent owner consent form [“advanced directive”] in case of clinical decline or death in your absence.)

Environmental Assessment

Mobility: Where does your pet struggle with mobility in your home? What improvements could be made?

Feeding: What is the location, height, and number of food/water bowls? Can your pet easily access these bowls?

Litter boxes (if applicable): Describe the number, size, and location of your cat’s litter boxes. Does your cat struggle to use them in any way?

Bedding: Describe the thickness and materials of your pet’s bedding.

Hygiene: What difficulties are you having in keeping your pet clean and free of odors?

Thermal comfort: Does your pet seek sun/heat? Do you think your pet would benefit from a heating pad or cold therapy?

Preparation for Death

What concerns do the people around you have as your pet nears his or her death? If you have children, what level of involvement do you see them having as your pet passes away?

Will other people or pets be present at your pet’s passing?

What would your ideal location be for your pet’s passing to occur?

Do you wish to have a ceremony or ritual before or after your pet’s passing?

What options are you aware of regarding how your pet's body will be handled? What is your preference?

Do you have interest in a grief counselor or spiritual support?

Education About an Unassisted Hospice-Supported Death Process, if Elected

What questions do you have regarding the active dying process?

What is your understanding of how sedation is used to support a natural death?

Education About the Euthanasia Process, if Elected

What are your previous experiences with euthanasia?

What do you understand about the process of euthanasia?

When do you think it might be time to euthanize? Why?

What are your fears and concerns about euthanasia?

How can we best plan and coordinate our time together?

Developed from materials created by Shea Cox, DVM, and Bridge Veterinary Services

You are taking the best care of your best friend: Your veterinary practice is accredited by the American Animal Hospital Association. Unlike human hospitals, veterinary practices are not required to be accredited. Your veterinary team volunteered to be evaluated on about 900 standards of veterinary excellence in order to become accredited. AAHA-accredited practices are recognized among the finest in the profession and are consistently at the forefront of advanced veterinary medicine.

