

Implementing Your Pet's Palliative or End-of-Life Care Plan

Patient: _____

Date: ____/____/____

Client name: _____

Our team is honored to work with you and your pet during this final life stage. We find it helpful to provide written information at times like this, as emotions for all involved can run high. As health conditions change over time, the information in the following plan may also shift.

Treatment Logistics

We have agreed to divide care between home and in-clinic care in the following manner:

Your next recheck appointment is scheduled for ____/____/____ and will be performed at _____
by _____
DATE LOCATION (HOME OR HOSPITAL)
NAME OF STAFF

We have agreed to have recheck appointments every _____ unless there is a change in clinical state.
TIME PERIOD

Your hospital caregivers include:

Name: _____

Position: _____

Your in-home* caregivers include:

Name: _____

Relationship: _____

** These caregivers may include employees of the hospital or your personal support team (friends, neighbors, and family).*

Currently, these are your pet's scheduled medical treatments:

TREATMENT	DOSE	FREQUENCY	ADMINISTRATION	CALL DOCTOR IF THESE SIDE EFFECTS OCCUR
MEDICATION				
NUTRITIONAL SUPPORT				
FLUID SUPPORT				
OTHER				

Nursing Care:

TASK	INSTRUCTIONS	FREQUENCY	ALERT DOCTOR IF...

Examples of Nursing Care Tasks for Caregivers:

- Changing sides the pet is lying on to prevent bed sores
- Bladder expression
- Sling walks outside
- Physical therapy/massage

Estimates:

- We estimate these medical treatments will take you _____ hours per day.
- We estimate our professional services and cost of medications to cost \$ _____ per _____

Environmental Modifications

Based on the information you have provided us regarding your pet's environment, we recommend the following modifications:

AREA	MODIFICATION	NOTES
BEDDING (THICKNESS, PADDING, PRESENCE OF WATERPROOF BARRIER)		
FLOORING		
STAIRS		
LITTER BOX (NUMBER, HEIGHT, AND LOCATION)		
LOCATION, NUMBER, AND HEIGHT OF FOOD/WATER BOWLS		
THERMAL CARE (HEAT VS. COLD THERAPY)		

Owner Safety and Hygiene

In response to your pet's bodily secretions, we recommend:

Please handle your pet's medications carefully. Store them away from young children or other pets. Additionally, we recommend:

Pets in pain can inadvertently lash out at their owners, which can lead to human injuries from bites or scratches. In your case, we recommend:

Periodic Plan Assessment

To ensure your pet's final life stage is as peaceful as possible, we recommend staying in close communication with each other. This may include:

- In-person communication at the hospital or at your home
- Phone or video call conversations
- Email followup
- Video documentation of your pet's behavior at home

At this time, we have agreed to the following forms of communication:

Please alert us if your pet exhibits the following signs:

What is your current assessment of how this plan is working for you and your pet?

Your veterinary team's assessment of the plan is:

Based on your personal assessment and that of your veterinary team, we have agreed to the following modifications to the current plan:

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.

