

Pets Name: _____ Date: _____ *Pet Parent Quality of Life Assessment*

My Pet place an X in the box that best describes your pet	Strongly agree (all the time)	Agree (most of the time)	Neutral	Disagree (occasionally)	Strongly disagree (never)
Is not as active, sleeping more					
Does not want to play					
Does not enjoy activities as before					
Needs my help when getting up/down					
Needs my help posturing to urinate/defecate					
Is slipping or falling while moving/walking					
Urinates/defecates in house					
Urinates/defecates in bed/while sleeping					
Seems confused					
Walks into furniture, gets stuck in places					
Is more anxious					
Is restless or unable to get comfortable lying down					
Does not seek out my affection as before					
Does not seem to enjoy affection or being pet					
Is hiding (cats)					
Is dull and depressed					
Is not grooming (cats)					
Is not eating well					
Is not drinking well					
Is losing weight					
Is having diarrhea					
Is vomiting					
Is panting (even while resting)					
Is trembling or shaking					
Seems to be in pain					
Medications do not seem to help					
Each day or week seems to get worse					
Has more bad days than good					
Total of X's in each column	_____	_____	_____	_____	_____