



Hospice & End of Life Care

Feline quality of life assessment

Date: _____

Your name: _____ Your cat's name: _____

Email: _____

Phone: _____ / best time to reach: _____

Second phone: _____ / best time to reach: _____

Most recent diagnosis, if any: _____

Please complete the following. Your observations help us understand what your cat is able/not able to do at home. This will help us suggest a plan for keeping your cat comfortable and preserving his/her quality of life.

- Is your cat exhibiting any of the following behaviors:
 - ___ Over grooming or constantly licking a particular area of his/her body
 - ___ Sitting hunched in a "sphinx-like" position ___ Difficulty jumping up and/or down
 - ___ Moving more slowly than usual/decreased mobility ___ Just not his-or herself
- Does your cat appear to be uncomfortable? ___ Yes ___ No
 If yes, what behaviors or symptoms is your cat showing? Examples: restlessness/ unable to settle in one spot, stiff slow gait

- Is your cat using his/her litter box? For urine? ___ Yes ___ No
 For stool? ___ Yes ___ No
 Does your cat appear to have any difficulty getting in or out of the litter box? ___ Yes ___ No
 What is the consistency of your cat's stool:
 ___ Normal ___ Loose/runny ___ Hard and dry
 How often does your cat defecate? ___ Daily ___ More than once a day ___ Every other day
 ___ Less than every other day
- How would you describe your cat's appetite?
 ___ Normal ___ Less than normal ___ Eating very little ___ Not eating at all
 At what time of day is your cat eating? (Check all that apply.)
 ___ Morning ___ Noon ___ Evening ___ During the night ___ Nibbles thru the day
 What foods is your cat eating? _____

 Have you offered any additional or new foods? ___ Yes ___ No
 Please list: _____
- How would you describe the appearance of your cat's coat/fur?
 ___ Well groomed ___ Unkempt looking ___ Matted
 Do you see your cat grooming him/herself? ___ Face/paws only ___ Whole body
- Has your cat's behavior CHANGED when it comes to any of the following:
 - ___ Looking out the window ___ Spending time/interacting with you
 - ___ Sleeping with you ___ Playing / activity level
 - ___ Regular routines ___ Watching you / looking at you
 - ___ Sleeping / napping ___ Interacting with other pets.

