

Your name: _____ Today's Date: _____

Pet's Name: _____ Your Relationship to Pet: _____

Basic Information

Species _____

Breed _____

Age: _____ Years owned: _____

Check one: Male - intact Male - neutered Female - intact Female - spayed

Approximate weight: _____ pounds

Last known approximate date of vaccinations(month and year): ____ / ____

Why have you sought help from Arms of Aloha today? What can we do for you?

Diet, including treats and people food. Note any recent changes.

Is the pet taking any

prescription medications? Yes No

over the counter medications? Yes No

nutritional supplements or natural remedies? Yes No

How many people live in the home, and what are their approximate ages (elderly, young child, adult etc. are fine):

What other pets live in the home?

Are there frequent visitors to the home?

What are the things that your pet enjoys most in life?

How does your pet typically respond to medical procedures or visits to the vet office?

Have you noticed any changes in your pet's behavior?

Medical

Please list any known medical issues or diagnoses:

Check any of the following problems your pet is experiencing or has had in the past:

Problem	Currently Experiencing	Previously Experienced
Vision Problems		
Coughing		

Trouble Breathing		
Trouble Chewing		
Bad Breath		
Weight Loss		
Vomiting		
Diarrhea		
Nasal discharge		
Excess gas / gurgling stomach		
Odor in Ears		
Scratching Ears		
Shaking Head		
Trouble Hearing		
Swelling or Lumps		
Scotting		
Confusion		

Energy Level and Exercise:

Have you noticed any recent changes in your pet's activity level or energy? Yes No

Have there changes in your pet's ability or willingness to exercise or do activities that he or she normally does? Yes No

Does your pet tire easily or faint? Describe circumstances if observed. Yes No

Mobility

Does your pet appear overall stiff or sore? Yes No

Is he or she limping on a particular leg? RF LF RH LH

Any reluctance to engage in previous activities? Yes No

Does your pet have difficulty

with stairs? Yes No N/A

with jumping onto bed/couches/into cars/onto counters? Yes No N/A

with positioning him or herself to urinate or defecate?

Urination Defecation Neither Both Don't Know

Have you noticed any difficulty upon sitting or rising? Does time of day or length of rest period make a difference? Yes No

What does your pet like to play with?

Any decrease in interest in toys? Yes No Don't Know

Appetite

Rate your pet's appetite from 1 to 10, with 10 being his or her "normal" appetite. _____

Are there any recent changes? Increased Decreased None Not Sure

Have you noticed an increase or decrease in the amount of water your pet is drinking?

Increase Decrease None Unsure

Urination

Have you observed your pet

straining to urinate? Yes No Don't Know

taking a long time to urinate? Yes No Don't Know

asking to go out more or less frequently? Yes No Don't Know

producing several small "puddles" of urine instead of one continuous stream?

Yes No Don't Know

appearing to need to urinate but then does not produce urine, or only a very small amount?

Yes No Don't Know

Have there been accidents (urine or defecation) in house? Yes No

Is there a change in color of urine? Yes No Don't Know

odor? Yes No Don't Know

volume? Yes No Don't Know

Environment

Are there smooth surfaces in the pet's environment, such as tile or wood floors?

Where is the food bowl located, and how is it positioned (on the floor, counter, raised platform etc)?

Cats: How many litter boxes are in the home? _____

Where are they located?

Are they covered or open?

Approximate height of side through which cat enters box: _____ inches

Where does your pet sleep? _____

Are there stairs in your home, and if so, does your pet need to navigate them?

What percentage of the day does your pet typically spend outdoors? _____

Please describe which family members are home and at what times:

Other Questions (Optional)

For pets entering hospice, it often is helpful to think about what we want and need as life draws to its natural conclusion. The following information is particularly useful to us if your pet has a terminal diagnosis, but is good to think about at any point in life.

What are the family's beliefs regarding euthanasia?

What past experiences has the family had that have helped shaped your views about end-of-life?

Please feel free to share any religious beliefs that you have about death that you would like us to know.

What are your preferences for aftercare? Most families opt for an individual cremation, with the ashes returned to them, or a communal cremation, where the ashes are scattered together in Kaneohe Bay. You can also choose a special urn or memorial (ask to see a catalog if interested). If you wish to bury your pet on your property, check with local zoning ordinances first.

For most families, finances are a major factor in medical decision making for pets. This is completely OK! Please share any concerns you have about the affordability of care, if you have a budget in mind, or anything else you want us to know.