



Home Pet Euthanasia
of Southern California
Hospice Care Form

Owner: _____

Address: _____

City: _____ ZIP: _____

email: _____

Telephone: _____ Cell: _____

Pet's Name: _____ Sex: M F Spayed/Neutered

Breed: _____ DOB or age: _____ Wt: _____

Description (color, markings) : _____

Reason for Hospice visit: _____

Primary veterinarian: _____

Primary veterinarian phone number: _____

Any other veterinarians your pet has seen in the last 2 years _____

As a courtesy, Home Pet Euthanasia will update your veterinarian on the visit and course of treatment of your pet so that they may update their records and advise us of any diagnosis or tests that may be relevant to your pet's hospice care or choice of medication. If you do **not** wish HPESC to call your veterinarian, please check this box

Who referred you to us? _____

Signature: _____ Date: _____

Hospice visit Case history

The information you will provide about your pet will help us greatly on deciding on the course of action that will be most beneficial for your pet and your family.

Please answer the following questions as accurately as possible.

Primary reason for hospice visit: _____

When did you first observe symptoms? _____

Please check symptoms your pet currently has (include the frequency and severity of each):

- Vomiting?
- Diarrhea?
- Constipation?
- Coughing?
- Sneezing?
- Skin conditions? (itching, hair loss, redness, etc...)
- Seizures? (frequency, duration)
- Excessive drinking?
- Excessive urinating?
- Urine Incontinence?
- Fecal incontinence?
- Accidents?
- Limping?
- Dementia?
- Lack of appetite?
- Excessive appetite?
- Weight loss?
- Weight gain?
- Halitosis? (foul breath)

Was your pet diagnosed with any particular condition? If so, by whom? What tests were done? What treatment is your pet receiving or has received? Please attach any laboratory results or diagnostics results if you are able to obtain them with any doctor comments. If possible, please have the full medical record faxed over ahead of time so that the doctor can review your pet's condition in details. _____

What has the response to the treatment been? _____

What medication is your pet currently on? (Please list all medication and neutraceuticals your pet is currently receiving as well as the dose and frequency): _____

Has your pet had any adverse reactions to any medication? If so, what medication and what reaction? _____

What is your pet's current diet? _____

What are your pet's favorite foods? _____

Please fill out the Quality of Life test:

Quality of Life Scale: The HHHHMM Scale

Pet caregivers can use this Quality of Life Scale to determine the success of pawspice care. Score patients using a scale of 1 to 10.

| Score | | Criterion |
|-------|--------------------------|---|
| 1-10 | <input type="checkbox"/> | HURT** - Adequate pain control, including breathing ability, is of top concern. Trouble breathing outweighs all concerns. Is the pet's pain successfully managed? Can the pet breathe properly? Is oxygen supplementation necessary? |
| 1-10 | <input type="checkbox"/> | HUNGER - Is the pet eating enough? Does hand feeding help? Does the patient require a feeding tube? |
| 1-10 | <input type="checkbox"/> | HYDRATION - Is the patient dehydrated? For patients not drinking enough, use subcutaneous fluids once or twice daily to supplement fluid intake. |
| 1-10 | <input type="checkbox"/> | HYGIENE - The patient should be brushed and cleaned, particularly after elimination. Avoid pressure sores and keep all wounds clean. |
| 1-10 | <input type="checkbox"/> | HAPPINESS - Does the pet express joy and interest? Is the pet responsive to things around him or her (family, toys, etc.)? Is the pet depressed, lonely, anxious, bored or afraid? Can the pet's bed be close to the family activities and not be isolated? |

| | | |
|---|--------------------------|--|
| 1-10 | <input type="checkbox"/> | MOBILITY - Can the patient get up without assistance? Does the pet need human or mechanical help (e.g., a cart)? Does the pet feel like going for a walk? Is the pet having seizures or stumbling? (Some caregivers feel euthanasia is preferable to amputation, yet an animal who has limited mobility but is still alert and responsive can have a good quality of life as long as caregivers are committed to helping the pet.) |
| 1-10 | <input type="checkbox"/> | MORE GOOD DAYS THAN BAD - When bad days outnumber good days, quality of life might be compromised. When a healthy human-animal bond is no longer possible, the caregiver must be made aware the end is near. The decision for euthanasia needs to be made if the pet is suffering. If death comes peacefully and painlessly at home, that is okay. |
| TOTAL | <input type="checkbox"/> | *A total over 35 points represents acceptable life quality |
| Adapted by Villalobos, A.E., <i>Quality of Life Scale Helps Make Final Call</i> , VPN, 09/2004, for <i>Canine and Feline Geriatric Oncology Honoring the Human-Animal Bond</i> , by Blackwell Publishing, Table 10.1, released 2006. Used by her gracious permission. | | |

What are your considerations regarding your pet's Quality of Life? _____

Which family members are most involved in your pet's care? _____

What other family pets interact with your pet? _____

Who are your pet's best friends? Whose company does your pet enjoy the most? _____

How does your pet's condition affect **your** quality of life? _____

Pain

Please fill out the pain indicator list below. It is recommended that, when assessing your pet's pain, you rate each indicator below with a score from 0-10 (0 being that the symptom is absent and 10 being maximum manifestation of the symptom).

Please see the "Home tests" page where you will find the list in a table format ready to print and check off each symptom.

Keeping track of these symptoms and how their intensity varies throughout the course of the disease your pet has will help you monitor the progress and the success of any pain management being conducted.

Pain Indicators table

| Pain indicator | 0-10 | Pain indicator | 0-10 | Pain indicator | 0-10 | Pain indicator | 0-10 |
|--|------|---|------|--|------|--|------|
| 1. Droopy head | | 17. Avoidance of direct eye contact | | 33. Hunched back | | 49. Doesn't rest easily when lying down | |
| 2. Droopy ears | | 18. Lips may be retracted, exposing the teeth in a submissive grin (dogs) | | 34. Compulsive licking or rubbing of a certain body part | | 50. Aggressive behavior to protect a particular area | |
| 3. Tucked tail | | 19. Almond shaped eyes (caused by facial tension) | | 35. Looking at sides or other body part suddenly and/or worriedly | | 51. Aggressive behavior on a usually docile pet | |
| 4. Does not want to play | | 20. Whiskers pulled back against cheeks (caused by facial tension) | | 36. Suddenly running away from "nothing in particular" | | 52. Crying when a particular area is touched | |
| 5. Lack of social interaction | | 21. Uncomfortable when resting | | 37. Can't jump on couch or bed | | 53. Wakes up at night | |
| 6. Does not enjoy games | | 22. Shifts frequently when resting | | 38. Reluctance to lie down | | 54. Does not sleep well | |
| 7. Subtle lack of alertness gradually increasing to a deep apathy (early sign will be subtle) | | 23. Head held abnormally low | | 39. Sleeps in a position that avoids a certain body part from touching the ground or bed | | 55. Refusal to go on walks | |
| 8. Diminished appetite | | 24. Difficulty getting up | | 40. Any change in normal sleep patterns | | 56. Moaning | |
| 9. Body tension | | 25. Excessive panting (particularly when it is not hot) | | 41. Purplish tongue color (NOT gums: tongue) | | 57. Whimpering | |
| 10. Facial tension | | 26. Shivering/trembling/shaking | | 42. "Guards" a particular body part | | 58. Refusing to eat | |
| 11. Accepting treats or food gingerly (particularly if pet used to accept them enthusiastically) | | 27. Unsettled | | 43. Reluctance to be touched in a certain area | | 59. Pressing head against wall (if head pain is present) | |
| 12. Lack of interest in walks | | 28. Pacing | | 44. Reluctance to be picked up | | 60. Unable to get up | |
| 13. Doesn't respond when called | | 29. Difficulty moving after a long rest | | 45. Lying down at a distance from everybody and somewhat isolated | | 61. Crying in pain | |
| 14. Worried or sad facial expression | | 30. Difficulty lying down | | 46. Disinterested in surroundings | | 62. Teeth clenched, biting down on an object (particularly cats) | |
| 15. Ears pulled back or flattened | | 31. Slow or unusual gait | | 47. Unusual attention seeking | | 63. Howling/screaming uncontrollably | |
| 16. Eyes wide open to expose "white of the eye" | | 32. Limping | | 48. Flinching when touched in a certain area | | | |

What are your expectations regarding your pet's hospice? _____

Do you have religious/spiritual beliefs that you wish us to know about and which should be taken into consideration during your pet's hospice care and/or euthanasia? _____

Anything else you would like to communicate? (feel free to say as much as you like, use additional paper as needed) _____

Your pet's hospice care is a matter we take to heart. We will do our very best to ensure that your pet has the most comfortable End of Life experience possible. Caring for a terminal pet can be time consuming and requires a commitment both on your part and on our part. Therefore communication between doctor and pet parent it is of prime importance. For routine updates, please email the doctor. For urgent matters, you can contact us 24/7 via phone at 714-454-4080. Do not use text messages under any circumstance. In the case of urgent matters, it is possible that you may speak to a different doctor than the one who did the original hospice consultation, depending on who is on call at the time. For prescription refills, please contact the doctor via email at least 3 days in advance. For refill authorizations of prescriptions, you may be required to repeat the Quality of Life scale, the pain indicators table as well as give us an

update on how your pet is doing so that we may adjust the dosage and prescriptions in your pet's best interest. The first consultation fee includes a one hour consultation in your home and one month of email follow-ups. Over-the-phone follow-ups are subject to a fee of \$50/15 minutes. Follow-up hospice (not euthanasia) visits within one month of the original visit are offered a 50% discount of the full price (excluding any applicable travel and off hours fee). An update on Quality of Life scale and pain table are required to benefit from discounted fee on monthly visits. A fee of \$100 per month will be assessed for email follow ups after the first month. This fee will be waived if a follow-up home visit is made within one month of original visit. We have 5 amazing doctors in our team. Each doctor was chosen for her exceptional compassion and caring. Due to our doctors' schedules (both personal and professional), it may not be possible for the same doctor who attended your pet's hospice visit(s) to be the one helping you with your pet's euthanasia. Rest assured that your pet, you and your family will be treated with the utmost compassion regardless of which doctor helps you during the course of your pet's hospice and euthanasia.

I understand and agree to the above terms and conditions.

Signature

date

copyright ©2014 HPESC