



# Restful Paws

In Home Pet Hospice and Euthanasia

## Hospice Care Admission Form

Patient Name \_\_\_\_\_

Circle: Dog / Cat      Breed \_\_\_\_\_

Age \_\_\_\_\_      Weight \_\_\_\_\_      Male/Female (circle one)

1. Why did you choose hospice care for your pet? What are your goals for your pet's hospice care?

2. What are your main concerns currently for your pet?



8. What is your schedule like? What are the times that someone is home with your pet throughout the day?

9. Please describe a current day in the life of your pet (Please include eating, sleeping, activity, interaction, play, etc)

a. Please describe any behavioral changes you have seen in your pet. (Examples: sleeping in different places, hiding, or becoming more clingy/needdy)

10. Please list any medications your pet is currently taking and the doses you are currently giving.

Please also let us know of any other concerns or questions you would like us to focus on.