

Making the decision to euthanize a pet is a very difficult one. It is hard to be objective when faced with the decision to end the life of an animal that you love.

This chart is designed to help you consider the quality of life of your pet. Answer each question with a yes or no.

YES	NO	PAIN
		My pet hurts.
		My pet limps.
		My pet pants frequently, even at rest.
		My pet's respirations are forced, exaggerated or otherwise not normal.
		My pet licks repeatedly at one site on his/her body or at a site of cancer/tumor.
		My pet guards or protects an area of his/her body and may snap if that area is approached or touched.
		My animal's posture is abnormal or different than normal.
		My pet shakes or trembles sometimes during rest.
		My pet is on pain medicine and it doesn't work.
YES	NO	APPETITE
		My pet doesn't eat his/her normal food anymore.
		My pet picks at his/her food now but never used to do this.
		My pet walks over to his/her food and looks at it but won't eat or walks away from the food.
		My pet doesn't even want "good stuff" (treats, human foods, snacks) anymore.
		My pet acts nauseated or vomits.
		My pet is losing weight.
YES	NO	HYDRATION
		My pet doesn't drink as much as he/she used to.
		My pet frequently has dry, sticky gums.
		My pet is vomiting or has diarrhea.
YES	NO	HYGIENE
		My pet doesn't groom herself any more.
		My pet's hair is matted, greasy, rough looking, dull or foul smelling.
		My pet has stool pasted around his/her rectum or in his/her hair.
		My pet smells like urine or has skin irritation from urine.
		My pet has pressure sores/wounds that won't heal.
YES	NO	ACTIVITY/MOBILITY
		My pet cannot get up without assistance.
		My pet has a hard time getting around and/or limps.
		My pet lies in one place all day long.
		My pet does not want to play, go for walks, or do the things he/she used to do.
		My pet falls frequently.
YES	NO	HAPPINESS/MENTAL STATUS
		My pet does not express joy and interest in life.
		My pet does not respond to the people that he/she used to respond to.
		My pet does not want to play with toys or do other things that he/she used to enjoy.
		My pet seems dull or depressed, not alert.

YES	NO	GENERAL BEHAVIOR PATTERNS
		My pet is hiding or sleeping in odd places.
		My pet doesn't greet me when I come home and he/she used to.
		My pet is overly clingy and is following me around and he/she never used to do this.
		My other pets are treating this pet differently – they are overly attentive or ignoring him/her completely.
		My pet doesn't care about what is going on around him/her.
YES	NO	OWNER PERCEPTIONS
		I wouldn't want to live if I were in a similar situation.
		I would be in pain if I were in a similar situation.
		I have made appointments for euthanasia for this pet but I cancelled or didn't show up for the appointment.
		I am holding onto this pet for sentimental reasons. (Example – the pet belonged to a now deceased family member, the pet helped me during a hard time in my life, etc.)
		My pet is having more bad days than good days.

Count the number of yes and no answers that you have marked. ___ Yes ___ No

Although there is no definitive answer to tell you exactly what to do for your pet, the more “yes” answers that you have, the more likely it is that your pet has a poor quality of life. Use this chart when you discuss the health of your pet with your veterinarian. There may be medical issues that can be controlled with the help of your vet.

This information is for educational purposes only and is not intended to take the place of your regular veterinarian. Contact your vet if you have questions regarding your pet.