Forever Companion – Canine Quality of Life Assessment

Dog's Name: _____

Date: _____

Owner: _____

🩺 Pain & Comfort

☐ No signs of pain

☐ Mild discomfort (occasional stiffness, slower movement)

☐ Moderate pain (limping, difficulty getting up)

☐ Severe pain (crying, panting at rest, unable to settle)

Notes: _____

🍗 Appetite & Hydration

☐ Eating and drinking normally

☐ Eating less but still interested

☐ Needs encouragement/hand feeding

☐ Refusing food or water

Notes: _____

🚶 Mobility & Independence

☐ Moves normally

☐ Slight difficulty (slower, cautious)

☐ Needs assistance (help standing/walking)

☐ Cannot move independently

Notes: _____

😊 Happiness & Engagement

☐ Alert, responsive, engaged

☐ Some interest in surroundings

☐ Limited interaction

☐ Withdrawn/unresponsive

Notes: _____

🧼 Hygiene & Bodily Functions

☐ No accidents, clean

☐ Occasional accidents

☐ Frequent accidents, manageable

☐ Unable to stay clean/dry

Notes: _____

🌙 Rest & Sleep

☐ Sleeps comfortably

☐ Occasional restlessness

☐ Frequent restlessness/anxiety

☐ Unable to rest comfortably

Notes: _____

⚖️ Overall Day Assessment

☐ Good day

☐ Mixed day

☐ Bad day

Additional Comments: