

# How Do I Know When it's Time?

## Assessing Quality of Life for Your Companion Animal and Making End-of-Life Decisions

Deciding to euthanize your companion animal may be one of the most difficult decisions you ever make. Often, well-loved pets are euthanized to minimize unnecessary suffering. The quality of animals' lives is defined by their overall physical and mental well-being, not just one aspect of their lives. The chart on the opposite side of this fact sheet attempts to consider all aspects of your pet's life. It is important to remember that all pets are different. What may be considered a poor quality of life for one may be different for another.

Higher numbers on this chart equal a better quality of life. This chart may help you to better visualize the general well-being of your pet. In some cases, even one item on the left-hand side of the chart (for example: pain) may indicate a poor quality of life, even if many of the other items are still positive. Some items or symptoms on the list may be expected side effects of the treatments that your pet is undergoing. It is important to discuss these symptoms and side effects with your veterinarian.

### Questions to ask yourself:

What is the most important thing when considering my pet's end-of-life treatment?

What are my thoughts about euthanasia?

Would I consider euthanasia if the following were true about my pet:

Feeling pain?

Can no longer urinate and/or defecate?

Starts to experience seizures?

Has become uncontrollably violent or is unsafe to others?

Has stopped eating?

Is no longer acting normally?

Has a condition that will only worsen with time?

Financial limitations prohibit treatment?

Palliative (hospice) care has been exhausted or is not an option?

The veterinary team recommends euthanasia?

The veterinary team recommends euthanasia, but the required symptoms or situations that I listed above are not present?

### "How do I know when it's time?"

The following tools may aid you in making the decision to euthanize.

- Enlist the help of your veterinarian. While your veterinarian cannot make the decision for you, it is helpful for him/her to know that you are considering euthanasia.
- Remember how your pet looked and behaved prior to the illness. Sometimes changes are gradual, and therefore hard to recognize. Look at photos or videos of your pet from before the illness.
- Mark good and bad days on a calendar. (Some may choose to distinguish morning from evening.) This could be as simple as a happy or sad face for good or bad. If the bad days start to outweigh the good, it may be time to discuss euthanasia.
- Write a concrete list of three to five things your pet likes to do. When your pet is no longer able to enjoy these things, it may be time to discuss euthanasia.

The Ohio State University Veterinary Medical Center - **Columbus**  
601 Vernon L. Tharp Street, Columbus, OH 43210  
(614) 292-3551

The Ohio State University Veterinary Medical Center - **Dublin**  
5020 Bradenton Avenue, Dublin, OH 43017  
(614) 889-8070

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VETERINARY MEDICAL CENTER

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### Assessing Quality of Life for Your Companion Animal and Making End-of-Life Decisions

Survey Date: \_\_\_\_\_

Poor Quality of Life

Good Quality of Life

Weight: \_\_\_\_\_

| My pet...                                                                                       | Strongly Agree<br>(All the Time)<br>(Severe) | Agree<br>(Most of the Time)<br>(Significant) | Neutral<br>(Sometimes)<br>(Mild) | Disagree<br>(Occasionally)<br>(Slight) | Strongly Disagree<br>(Never)<br>(None) |
|-------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------|----------------------------------------|----------------------------------------|
| does not want to play                                                                           | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| does not respond to my presence or does not interact with me in the same way as before          | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| does not enjoy the same activities as before                                                    | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is hiding                                                                                       | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| demeanor/behavior is not the same as it was prior to diagnosis/illness                          | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| does not seem to enjoy life                                                                     | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| has more bad days than good days                                                                | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is sleeping more than usual                                                                     | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| seems dull and depressed                                                                        | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| seems to be or is experiencing pain                                                             | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is panting (even while resting)                                                                 | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is trembling or shaking                                                                         | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is vomiting and/or seems nauseous                                                               | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is not eating well - (may only be eating treats or only if fed by hand)                         | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is not drinking well                                                                            | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is losing weight                                                                                | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is having diarrhea often                                                                        | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is not urinating well                                                                           | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is not moving normally                                                                          | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is not as active as normal                                                                      | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| does not move around as needed                                                                  | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| needs my help to move around normally                                                           | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| is unable to keep self clean after soiling                                                      | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| has coat that is greasy, matted, or rough-looking                                               | 1                                            | 2                                            | 3                                | 4                                      | 5                                      |
| How is my pet's overall health compared to the initial diagnosis/illness?                       | 1<br>Worse                                   | 2                                            | 3<br>Same                        | 4                                      | 5<br>Better                            |
| Current Quality of Life<br>(place "X" along the line that best fits your pet's quality of life) |                                              |                                              |                                  |                                        |                                        |

This document has been adapted, with permission, from the following sources: The HHHHHMM Quality of Life Scale: Dr. Alice Villalobos; Quality of Life Survey: Dr. David Vail; End-of-Life Values and Goals worksheet, University of Tennessee Veterinary Social Work Department