

# Providing End of Life Comfort Family Concerns and Requests

Your Name: \_\_\_\_\_

Your Pet's Name: \_\_\_\_\_

What would you like us to know regarding your pet's condition?:

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Tell us specific concerns or requests you'd like to share with us:

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Describe the ideal situation you wish for your pet's end of life experience:

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What fears, stress, and/or anxiety do you have?:

- Pet suffering
- Desire to perform nursing care for pet
- Ability to perform nursing care for pet
- Pet dying alone
- Not knowing the right time to say goodbye
- Coping with loss/grief
- Concern for other household pets
- Concern for other family members
- Other: \_\_\_\_\_