



FACTSHEET: ANIMAL HEALTH PROFESSIONALS

RECORD OF ASSESSMENT FOR QUALITY OF LIFE

Name of animal:		Age/year of birth:	
Name of owner:		Discussion with owner:	
Major condition:			
Minor condition(s):			
	QOL end points: <ul style="list-style-type: none"> <input type="checkbox"/> Loss of condition despite increased feed <input type="checkbox"/> Recurrence of laminitis <input type="checkbox"/> Lameness on maintenance dose NSAID <input type="checkbox"/> Anorexia, dullness or colic <input type="checkbox"/> Blindness causing distress 		
	Any further comments:		

Date	Weight kg	Condition Score	Feed	Appetite	Blood Results	Demeanour	Medicines and doses	Dental Condition	Skin condition	Use of rug	Movement and Feet	Progress of condition