

Fear Free Pre-Visit Client Questionnaire



As Fear Free Certified Professionals, we want to make your pet's veterinary experience as enjoyable and as stress free as possible. As such, it's important for us to understand what your pet might find upsetting. This information will help us to adjust our care to better serve and comfort your pet. Please answer the following questions to the best of your ability so we can take into consideration both your and your pet's preferences.

Date: _____

Pet Name: _____ Client ID: _____

How would you describe your pet's reaction to going to the veterinary hospital?

Eager and Excited Subdued Reluctant Somewhere in between

Check any situations listed below that your pet has shown avoidance or dislike of in the past. You can add additional comments at the end.

- | | |
|---|---|
| <input type="checkbox"/> Getting in the carrier or the car | <input type="checkbox"/> Going into the exam room |
| <input type="checkbox"/> Entering the veterinary hospital | <input type="checkbox"/> Being put up on the table for examination |
| <input type="checkbox"/> Other pets and/or people passing by while in reception/check in | <input type="checkbox"/> Loud voices during examination |
| <input type="checkbox"/> Having direct eye contact with the technician and/or Veterinarian | <input type="checkbox"/> Having a rectal temperature taken |
| <input type="checkbox"/> Waiting with other people and animals in the waiting area | <input type="checkbox"/> Being approached by veterinary staff |
| <input type="checkbox"/> Hearing the doorbell, overhead intercom, or phones ringing | <input type="checkbox"/> Being taken out of the exam room for procedures |
| <input type="checkbox"/> The use of instruments such as the stethoscope or otoscope (to look in the ears) | <input type="checkbox"/> Sounds coming from the back area of the practice |
| <input type="checkbox"/> Getting on the scale for a weight | |

Comments:

How and where does your pet travel in the car (e.g., carrier, seatbelt, loose, etc.)? _____

How does your pet behave in the car? _____

Does your pet show any signs of nausea with car travel, such as drooling or vomiting? _____

How would you describe your pet around other animals and people? _____

Does your pet have any sensitive areas that he/she does not like to have touched or examined by you or others? _____

Are there any procedures that your pet has not liked having performed at the veterinary hospital in the past or that seemed to be difficult for you or the staff to do (e.g., nail trims, weight, temp, ear exam, blood draw)? If so, how did your pet react? _____

What are your pet's favorite treats? (Please bring some treats for your next visit.) _____

Does your pet like to play with toys? If so, what kinds? _____

Has your pet ever been prescribed any medications to help with a visit to the veterinary hospital? If so, please list: _____

Anything else you would like us to know: _____

Does any family member (people or pets) have allergies to:

Fish or shellfish: Yes No

Peanut products: Yes No

Dairy products: Yes No

