



## Fear Free Pre-Visit Client Questionnaire

As a Fear Free Certified Professional team, we want to make your pet's veterinary experience as stress-free as possible. As such, it is 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 you and your pet's preferences.

Pet's name:	Client Name:
r et s name.	Ollent Name.
How would you describe your pet's reaction to going to the veterinary hospital? □Eager and excited □ Subdued □Reluctant □ Somewhere inbetween	
□Eager and excited □ Subdued □Relu	ctant
Check any situations listed below that your pet has shown avoidance or dislike of in the past. You may add additional comments at the end.	
☐ Getting in the carrier or the car☐ Entering the veterinary hospital	<ul> <li>☐ Going into the exam room</li> <li>☐ Being put up on the table for examination</li> </ul>
	ception/check in □ Having direct eye contact with technician and/or veterinarian
□ Waiting with other people and anima(s)l in the w	
□ Being approached by veterinary staff	□ Having a rectal temperature taken
□ Getting on the scale to be weighed	☐ The use of instruments (stethoscope, otoscope to look in ears)
☐ Hearing the doorbell, overhead intercom, or pho☐ Sounds coming from the back areas of the pract	
Obunity coming from the back areas of the practice	
Comments:	
How and where does your pet travel in the car? (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?	
The module you decombe your per discurse datast difficulties and people.	
Does your pet have any sensitive areas that he does not like to have touched or examined by you or others?	
Does your pet have any sensitive areas that he does not like to have touched or examined by you or others?	
And the second second second blood by the second of the second of the second se	
Are there any procedures your pet has not liked having performed at the veterinary hospital in the past or that seem difficult for you or the staff to do? (nail trims, weight, temperature, ear exam, blood draw). If so, how did your pet react?	
the stair to do: (nair tiling, weight, temperature, ea	r exam, blood draw). If so, now did your per reduct:
What are your pet's favorite treats? (Please bring some to your next visit to our hospital)	
Does your pet like to play with toys? If so, what kinds?	
Has your pet ever been prescribed any medication to help with a visit to the veterinary hospital? If so, please list below:	
Anything else you would like us to know?	