

PRE-VISIT QUESTIONNAIRE



Date: _____

Client Name: _____ Pet's Name: _____

As a Fear Free Certified Professional team, we want to make your pet's veterinary experience as enjoyable and stress free as possible. As such, it's important for us to understand what your pet might find upsetting. The 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.

Does your pet show any reluctance to getting in the carrier or car: Yes No

Do you think your pet show signs of stress while traveling to the vet clinic? Yes No

If so, what sign do you see?

- | | | | | | |
|------------------------------------------|------------------------------------|--------------------------------|--------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Eager & excited | <input type="checkbox"/> Reluctant | <input type="checkbox"/> Hide | <input type="checkbox"/> Drool | <input type="checkbox"/> Vomit | <input type="checkbox"/> Urine/BM |
| <input type="checkbox"/> Subdued | <input type="checkbox"/> Bark/Meow | <input type="checkbox"/> Whine | <input type="checkbox"/> Pant | <input type="checkbox"/> Tremble | <input type="checkbox"/> Pace |
| <input type="checkbox"/> Other _____ | | | | | |

Does your pet receive any Pre Visit Treatment for Fear, Anxiety or Stress before coming to the clinic? If so please write what was given.

- | | |
|-----------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Motion Sickness Medication _____ | <input type="checkbox"/> Compression Garment (ex. Thunder shirt) _____ |
| <input type="checkbox"/> Pre Visit Pharmaceutical _____ | <input type="checkbox"/> Pre Visit Nutraceutical/Supplement _____ |
| <input type="checkbox"/> Pheromones (ex. Feliway/Adaptil) _____ | <input type="checkbox"/> Calming Music _____ |

Does your pet Prefer:

- Female veterinary professional Male veterinary professional It doesn't matter
 Specific Dr. _____

Where would you and your pet feel most comfortable waiting for your appointment?

- Lobby Outside/In Car In Exam Room

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 their carrier or the car | <input type="checkbox"/> Going into the exam Room |
| <input type="checkbox"/> Entering the veterinary clinic | <input type="checkbox"/> Being put up on the exam table |
| <input type="checkbox"/> Other pets and/ or people passing by while in reception/check-in | <input type="checkbox"/> Having direct eye contact with the vet staff |
| <input type="checkbox"/> Being approached by veterinary staff | <input type="checkbox"/> Loud voices during examination |
| <input type="checkbox"/> Getting on the scale for a weight | <input type="checkbox"/> Having a rectal temperature taken |
| <input type="checkbox"/> Hearing the doorbell, overhead intercom, or phone ringing | <input type="checkbox"/> The use of instruments such as a stethoscope |
| <input type="checkbox"/> Sounds coming from the back areas of the practice | <input type="checkbox"/> Being taken out of the exam room for procedures |

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

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

Are there any procedures your pet has not liked having performed at the vet clinic in the past or that seemed difficult for you or the staff to do? (ex. Nail trims, weight, temperatures, ear exam, blood draws, vaccines)

What are your pets favorite treats at home? (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 supplements or medications to help with a visit to the vet clinic? If so, what was it and what sort of results did you experience?

Is there anything else you would like us to know about your pet that might help us alleviate any fear, anxiety or stress they may feel while they are at the veterinary clinic?