



# FEAR FREE PRE-VISIT CLIENT QUESTIONNAIRE

Patient Name: \_\_\_\_\_

Appointment date/time: \_\_\_\_\_

Please same and email to [receptaho@gmail.com](mailto:receptaho@gmail.com)

As a Fear Free Certified Professional team, 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. 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 your and your pet's preferences.

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.

- Getting in their carrier or the car
- Going into the exam room
- Entering the veterinary hospital
- Being put up on the tablet for examination
- Other pets and/or people passing by while in reception/check-in
- Having direct eye contact with the technician and/or veterinarian
- Waiting with other people and animals in the waiting area
- Loud voices during examination
- Being approached by veterinary staff
- Having a rectal temperature taken
- Getting on the scale for a weight
- The use of instruments such as the stethoscope or otoscope to look in ears
- Hearing phones ringing
- Sounds coming from other areas of the hospital
- Being taken out of the exam room for procedures

Comments:

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

How does your pet behave in the car?

Does your pet so 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 they don't like to have touched or examined by you or others?

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

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What are your pet's favorite treats? (It helps if you bring your pet in to their appointment hungry and with their favorite treats)

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

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

Anything else you would like us to know?