

Pre-Visit Questionnaire

Date: _____

Client's Name: _____

Pet's Name: _____

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 may find upsetting. This questionnaire will help us 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 into the carrier or vehicle?

- Yes
- No

How would you describe your pet's behavior during travel?

Please select all that apply

- Eager & excited
- Subdued
- More quiet than usual
- More vocal than usual

Does your pet do any of the following during travel?

Please select all that apply

- Pant
- Tremble
- Pace
- Hide
- Drool
- Vomit
- Urinate
- Defecate

Are there any situations that your pet has tried to avoid or seemed to dislike in the past?

Please select all that apply

- Entering the vet hospital
- Unfamiliar people and animals
- Being weighed/stepping on the scale
- Going into the exam room
- Being put up on the exam table
- Having a rectal temperature taken
- Ear exam/cleaning
- Nail trim
- Other _____

Has your pet ever been given any supplements or prescribed any medications to help manage his/her fear or anxiety associated with veterinary visits? If so, what was it and what sort of results did you observe?