

The Pet Doctor 2018

Fear Free

Pre-Visit Client Questionnaire

Pet's Name _____ Date _____

We want to make your pet's visit as low stress and comfortable as possible. It is important to us to know about things that your pet might find upsetting or stressful. This information will help us to make this visit as enjoyable as possible for you and your pet.

1. How does your pet feel about going to the vet?
 - a. Eager and excited
 - b. Subdued
 - c. Reluctant or scared
2. Are there any other situations that your pet has avoided or disliked in the past?
 - a. Getting in the carrier or car?
 - b. Entering the veterinary hospital?
 - c. Other pets or people going by during check in?
 - d. Waiting with other pets and people in the lobby?
 - e. Being approached by veterinary staff?
 - f. Getting on the scale to get weighed?
 - g. Hearing the doorbell or phones ringing?
 - h. Going into the exam room?
 - i. Being put on the table for examination?
 - j. Having direct eye contact?
 - k. Loud voices during examination?
 - l. Having a rectal temperature taken?
 - m. The use of a stethoscope, looking in ears or eyes?
 - n. Being taken out of the room for procedures?

3. How does your pet travel in the car? _____

4. How does your pet handle other people and pets? _____

5. Are there any procedures that upset your pet? (nails, ears, etc.) _____

6. What is your pet's favorite treat or toy? _____

7. Is there anything else you would like us to know? _____