



BIRMINGHAM ANIMAL  
HOSPITAL + RESORT

## New Client Form

Your Name \_\_\_\_\_  
Spouse/Partner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Spouse/Partner's Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Breed				
Age				
Sex				
Spayed/Neutered				
Medications				
Previous Vet				

**Social Media/Photo Permission:** Do we have your permission to post photos of your pet online and/or use it for marketing purposes?  Yes  No

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that charges are to be paid at the time of service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2316 1<sup>st</sup> Ave South  
Birmingham, AL 35233  
(205) 406-6710

[www.birminghamanimalhospital.com](http://www.birminghamanimalhospital.com)



### **Fear Free FAS Pre-visit Questionnaire:**

As Fear Free certified professionals, we want to make your visit to our hospital the best it can be for you and your pet. If you have a few minutes, we would like for you to answer a few questions so we can take both you and your pets preferences for your first visit to our hospital. This short questionnaire will help us get to know your pet... A Fear Free visit starts at home!

1. Does your pet show any reluctance to get in the carrier or car?
  - A. Yes
  - B. No
  
2. How and where does your pet travel while in the car?
  - A. In the back seat
  - B. In a crate or carrier
  - C. Attached to a seatbelt
  - D. Loose
  
3. During travel to the veterinary hospital, does your dog do any of the following? (check all that apply)
  - A. Eager / Excited
  - B. Subdued
  - C. Reluctant
  - D. Bark
  - E. Hide
  - F. Whine
  - G. Drool
  - H. Pant
  - I. Vomit
  - J. Tremble
  - K. Urinate / defecate
  - L. Pace
  - M. None of the above
  
4. Does your pet prefer:
  - A. Female veterinary staff
  - B. Male veterinary staff
  - C. It does not matter
  
5. Check any situations listed below that your pet has shown avoidance or dislike of in the past.



- A. Entering the veterinary hospital
- B. Walking through the veterinary hospital
- C. Being weighed
- D. Being put up on the table for examination
- E. Other pets and/or people passing by while in reception/check-in
- F. Waiting with other people and animals in the waiting area
- G. Being approached by veterinary staff
- H. Getting on the scale for a weight
- I. Hearing the doorbell, overhead intercom, or phones ringing
- J. Going in the exam room
- K. Being taken out of the exam room for procedures
- L. Loud voices during examination
- M. The use of instruments such as the stethoscope or otoscope (look in ears)
- N. Having direct eye contact with the technician and/or veterinarian
- O. Having a rectal temperature taken
- P. Sounds coming from the back areas of the practice
- Q. None of the above

6. Briefly describe your pet around other animals and people, such as in the lobby area of a veterinary hospital?

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7. Does your pet have any sensitive areas that he/she does not like touched or examined by you or others? (i.e. paws, ears, tail, etc)

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8. What are your pet's favorite treats? (We recommend you bring some to the visit!)

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9. Does your pet like to play with toys? If so, what kind? (We recommend you bring their favorite to the visit!)

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10. Has your pet ever been prescribed any medications to help with a visit to a veterinary hospital? If so, what medications were they and what results did you experience?

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11. Is your pet on these medications today?

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