



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!

Client Name: _____ Pet Name: _____

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?

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)

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

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

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?

11. Is your pet on these medications today?
