

## FEAR FREE PRE-VISIT CLIENT QUESTIONNAIRE

100% of our staff are FEAR FREE CERTIFIED Professionals	Patient Name:	Appointment
	date/time:	
	Please same and email to from	ontdeskorleans@gmail.com
possible. As such, it's important for us to care to better serve and comfort your perise possideration both your and your pet's p		g. The information will help us to adjust our
How would you describe your pet's react  Eager and excited Subdued		
che end.  Getting in their carrier or the ca Going into the exam room Entering the veterinary hospital Being put up on the tablet for extended or people passin Having direct eye contact with to Waiting with other people and a Loud voices during examination Being approached by veterinary Having a rectal temperature tak Getting on the scale for a weigh	examination  In any while in reception/check-in  The technician and/or veterinarian  The inimals in the waiting area  The staff  The initial i	past. You can add additional comments at
Comments: How and where does your pet travel who	en in the car? (carrier, seatbelt, loose, etc.)	
How does your pet behave in the car?		
Does your pet so any signs of nausea wit	h car travel such as drooling or vomiting?	
How would you describe your pet around	d other animals and people?	
Does your pet have any sensitive areas the	nat they don't like to have touched or examined l	by you or others?
	ot liked having performed at the veterinary hospi , temperature, ear exam, blood draw) If so, how	•
What are your pet's favorite treats? (It h	elps if you bring your pet in to their appointment	t hungry and with their favorite treats)

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?