

Little Friends of Ferndale Fear Free Pre-Visit Questionnaire

At Little Friends of Ferndale, we want to make your visit to our hospital the best it can be for both you and your pet. Please take a few minutes to answer the following questions so we can take both your and your pet's preferences for your visit into consideration.

1. How would you describe your pet's reaction to going to the veterinary hospital?

Eager and excited Subdued Reluctant Somewhere in between

2. Are there things you or your pet did *NOT* like during past veterinary visits?

Being weighed Getting onto the exam table Having a procedure done
 Being handled by the veterinary staff Walking through the clinic
 Other - please describe _____

3. How would you describe your pet around other animals and people, such as in the lobby area of the veterinary hospital?

4. Is your pet currently on any anti-anxiety medications?

Yes No

if yes - please list medication and dosing information _____

5. What are you pet's favorite treats? (please bring some to the visit)

6. Are there any food restrictions or allergies?

7. Does your pet like to play with toys? if so, what kinds? (feel free to bring your pet's favorite toy)

A successful visit starts at home and continues during your travel to our hospital. To help you provide your pet with a pleasant experience on the way to the hospital, we can send you some preparation tips via email. Or you can check out Fearfreehappyhomes.com for more tips. However, we have a few questions regarding travel to see if we can make any special recommendations.

8. How and where does your pet travel in the car?

Carrier Seat belt Loose

9. Does your pet show any reluctance getting into the carrier or car?

Yes No

10. Is assistance needed getting your pet into or out of the vehicle? Any special requirements (ramp, stairs, etc.)

Yes No

11. How does your pet behave in the car?

Vocal Barking Whining Restless Pacing Panting
 Drooling Trembling Hiding

12. Any nausea, drooling, or vomiting with car travel?

Yes No

13. Has your pet needed medication in the past for travel?

Yes No

if yes - please list medication and dosing information _____

Please understand that your pet's well being is of utmost importance to us. Our goal is to provide you and your pet a safe and stress-free environment.