## **Pet Calls Animal Hospital PRE-VISIT QUESTIONNAIRE**





Patient Name	Last Name
Appointment time and date	
Please send and email to petcallsr	eception@gmail.com
your pet's veterinary experience a	es the Fear Free initiative we want to make as stress free and enjoyable as possible. The us take into consideration both you and your
Does your pet travel in the car to p	places other than the vet hospital? Y / N
	havior traveling to the hospital / in the car sly Somewhere in between
Describe:	
Check any situations listed below to of in the past. You can add addition Getting in the car or carrier	that your pet has shown avoidance or dislike anal comments at the end.
Entering the hospital	
Waiting with other pets or peop	ple in the waiting room
Other pets barking or loud nois	es
<b>○</b> Going into exam room	
<b>Getting on the scale for a weigh</b>	nt
<ul><li>Being approached by veterinary</li></ul>	y staff
<ul><li>Being touched by someone oth</li></ul>	er than you
○ Having someone picking them u	up for the exam

Being examined on the exam table (small pets)
☐ Being taken out of the exam room for a procedure away from you
Having their nails trimmed
f your pet travels in a pet carrier how do they react going into the carrier?
Does your pet get nauseous with car travel (drooling/vomiting)?
How would you described your pet around other animals and people?
Does your pet have any sensitive areas that they don't like to have touched or
examined by you or others?
Are there any procedures your pet has not liked having performed at the
veterinary hospital in the past or that seemed difficult for you or the staff to do?
(nail trims, weights, temperature, ear exam, blood draw) If so, how did your pet react?
What are your pet's favorite treats? (It helps if you bring your pet to their
appointment hungry and with their favorite treats)
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 (likes/dislikes)?