



LittletonAnimalHospital.com | (978) 486-3101



### Pre-Visit Questionnaire

Please complete and return via fax or email:  
(978) 486-0987 • littletonah@yourvetdoc.com

Owner's First Name: \_\_\_\_\_ Owner's Last Name: \_\_\_\_\_

Patient name: \_\_\_\_\_ Species: \_\_\_\_\_

As a Fear Free Certified Professional team, we want to make your pet's veterinary experience as enjoyable and as stress free as possible. As such, it's important for us to understand what your pet might find upsetting. This information will help us to adjust our care to better serve and comfort your pet. Please understand the following questions to the best of your ability so we can take into consideration both your and your pet's preferences.

Does your pet show any reluctance to getting in the carrier or car? Yes No

How and where does your pet travel in the car? (Carrier, seatbelt, loose, etc):

\_\_\_\_\_

During travel to the veterinary hospital, does your pet do any of the following:

- |                   |           |      |         |       |                |         |
|-------------------|-----------|------|---------|-------|----------------|---------|
| Eager and Excited | Reluctant | Hide | Drool   | Vomit | Urine/Defecate | Subdued |
| Bark              | Whine     | Pant | Tremble | Pace  | Other: _____   |         |

Does your pet prefer: Females Males It doesn't matter

Check any situations listed below that your pet has shown avoidance or dislike of in the past. You can add additional comments at the end.

- |   |  |
|---|--|
| Entering the veterinary hospital                                | Sounds coming from back areas of practice                                    |
| Other pets and/or people passing by while in reception/check-in | Going into the exam room   |
| Waiting with other people and animals in the waiting area       | Being put up on the table for examination                                    |
| Being approached by veterinary staff                            | Being taken out of the exam room for procedures                              |
| Getting on the scale for weight                                 | Loud voices during examination Having rectal temperature taken               |
| Hearing the doorbell, overhead intercom, or phones ringing      | Use of instruments such as the stethoscope or otoscope (to look in the ears) |

How would you describe your pet around other animals and people (in general)?

\_\_\_\_\_

Does your pet have any sensitive areas that s/he does not like to have touched?

\_\_\_\_\_

Are there any procedures that your pet has not liked having performed at the vet in the past or that seemed difficult for you or the staff to do? Examples: Nail trims, weight, temperature, ear exam, blood draws. If so, how did your pet respond?

\_\_\_\_\_

What are your pet's favorite treats? Please bring some to your next visit at our hospital.

\_\_\_\_\_

Does your pet have any known food allergies? If yes, please list.

\_\_\_\_\_

Does your pet like to play with toys? If so, what kind?

\_\_\_\_\_

Has your pet ever been prescribed supplements or medications to help with a visit to the veterinary hospital? If so, what was it and what sort of results did you experience? \_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_