



Pre-Visit Questionnaire

Client Name: _____

Patient Name : _____

Date: _____

To help us provide the most comfortable and stress-free experience for your pet, we ask that you take a few moments to tell us more about them and their past experiences with veterinary care. Your answers will help us tailor our approach to best suit your pet's individual needs. Please kindly complete the following questions.

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

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

When traveling to the veterinary hospital, does your pet do any of the following:

- | | | | | | |
|--|------------------------------------|--------------------------------|--------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Eager/Excited | <input type="checkbox"/> Reluctant | <input type="checkbox"/> Hide | <input type="checkbox"/> Drool | <input type="checkbox"/> Vomit | <input type="checkbox"/> Urine/BM |
| <input type="checkbox"/> Subdued | <input type="checkbox"/> Bark/Meow | <input type="checkbox"/> Whine | <input type="checkbox"/> Pant | <input type="checkbox"/> Tremble | <input type="checkbox"/> Pace |

Other: _____

Does your pet prefer: ☐ Female Staff ☐ Male Staff ☐ It doesn't matter

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

- | | |
|---|--|
| <input type="checkbox"/> Getting in the car | <input type="checkbox"/> Going into the exam room |
| <input type="checkbox"/> Entering the veterinary hospital | <input type="checkbox"/> Being put on the table for examination |
| <input type="checkbox"/> Other pets/people passing by while in reception | <input type="checkbox"/> Having direct eye contact with staff |
| <input type="checkbox"/> Waiting with other people and animals in reception | <input type="checkbox"/> Loud voices during examination |
| <input type="checkbox"/> Being approached by veterinary staff | <input type="checkbox"/> Having rectal temperature taken |
| <input type="checkbox"/> Getting on the scale for weight | <input type="checkbox"/> The use of instruments such as a stethoscope |
| <input type="checkbox"/> Hearing the doorbell or phones ringing | <input type="checkbox"/> Being taken out of the exam room for procedures |
| <input type="checkbox"/> Sounds coming from the back areas of the practice | |

How would you describe your pet around other animals and people?

Does your pet have any sensitive areas that she/he does not like to be touched by you or others?

Has your pet had any procedures they disliked or that were difficult for you or the staff (e.g., nail trims, weight, temperature, ear exam, blood draw)? How did they react?

Has your pet been prescribed any supplements or medications to help them with a visit to the veterinary hospital? If so what was it and what sort of result did you experience?

Anything else you would like us to know?
