West Geauga Veterinary Hospital Pre-Visit Questionnaire

Date:						
Client Name:	Pet's Name:					
<u>As a Fear</u>	Free Certified Professional team, we want to make your pet's visit with us as enjoyable as					
possible.	sible. This questionnaire was designed to help us create a stress-free environment and experience					
<u>for you ar</u>	nd your pet.					
How and where do	pes your pet travel in the car? (Carrier, seatbelt, loose, etc.):					
During travel to th	e veterinarian hospital, does your pet exhibit any of the following:					
-	behaviors Reluctance Hiding away Drooling Vomiting Urinating/BM Subdued g Parting Trembling Pacing Whining Other					
_	<u>fer:</u> □Female veterinary professionals □Male veterinary professionals □No preference					
Check any situatio	ns listed below that your pet has shown avoidance or dislike of in the past. (Additional					
comments can be	listed at the bottom of this form.)					
□Getting in the car	r or their carrier Entering veterinary hospital settings Unusual or unexpected noises					
□Being approache	d by veterinary staff □Going into the exam room □Being put on an examination table					
☐ Having direct eye	e contact with veterinary staff (or strangers)					
How would you de	escribe your pet around other animals and people?					
Does your pet hav	e any sensitive areas that he/she does not like to have touched by you or others?					
Are there any proc	redures your pet has not liked having performed at the veterinary hospital in the past, that					
seemed difficult fo	or the staff to do? (Nail trims, weight, temperature, ear exam, blood draw?) if so, how did your					
pet react?						
What are your pet	s favorite treats? (Please bring your pet slightly hungry and bring some of their favorites to					
your next visit to c	tor nospitaly.					
Does your dog hav	re a favorite toy or type of toy? (Feel free to bring one along for your visit):					
	been prescribed any medications to be given before veterinary appointments or any other vent? If so, what kind and how did your pet do on the medication?					
Anything else you	would like us to know about your pet:					