



PRE-VISIT QUESTIONNAIRE

Client Name: _____

Pet's Name: _____

Species: _____ Breed: _____

Color: _____

Sex: _____ Neutered or Spayed?: ☐ Yes ☐ No Age: _____

1. Does your pet show any reluctance to getting in the carrier/car? If so, select all that apply:

- | | | |
|---|--|--|
| ☐ Hide | ☐ Tremble | ☐ Pant |
| ☐ Drool | ☐ Whine/Constant Crying | ☐ None of these |
| ☐ Vomit | ☐ Bark/Meow | |
| ☐ Urinate/Defecate | ☐ Pace | |

2. 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.

- | | |
|--|--|
| ☐ Getting in their carrier and/or the car | ☐ The use of instruments (ex: looking at eyes, ears, or listening to heart) |
| ☐ Other pets and/or people | ☐ Nail trims |
| ☐ Getting on the scale for weight checks | ☐ Oral examination |
| ☐ Protective over toys/food | ☐ Fireworks and/or thunderstorms |
| ☐ Being put on the table for examination | ☐ None of the these |

3. Does your pet have any sensitive areas that they do not like to have touched by you or others?

☐ Yes ☐ No If yes, please list: _____

4. Has your pet been prescribed supplements or medications to help with a visit to the veterinarian?

☐ Yes ☐ No If yes, what were they and what was their experience? _____

5. Is there anything else you would like us to know? _____
