

# Bear Creek Veterinary Care

## Annual Pre-Visit Patient Stress Awareness Questionnaire

Thank you for trusting us with your pet's health. Please take a moment to tell us about you and your pet.

1. Does your pet show reluctance to getting in carrier or car?  Yes  No
2. How and where does pet travel in the car? (carrier, seat belt, loose, etc.): \_\_\_\_\_
3. During travel to vet does your pet do any of the following (select all that apply):  
 Eager/Excited  Reluctant  Hide  Drool  Vomit  Urinate/Defecate  Subdued  
 Bark/Meow  Whine  Pant  Tremble  Pace  Other: \_\_\_\_\_
4. Does your pet prefer:  Female  Male  No Preference
5. Check any situations that you pet has shown avoidance or dislike of in the past:  
 Getting in car/carrier  Entering the clinic  Other pets/people passing by in reception area  
 Waiting with other people/pets in waiting area  Being approached by veterinary staff  
 Getting on scale  Hearing a door bell/door knock/over-head intercom/ringing phones  
 Sounds coming from back of office  Going into exam room  Being put on table for exam  
 Having direct eye contact with veterinary staff  Loud voices during exam  
 Having rectal temperature taken  Being taken out of exam room  
 Use of instruments such as stethoscope or otoscope (look in ears)
6. How would you describe your pet around other people and animals? \_\_\_\_\_  
\_\_\_\_\_
7. Does your pet have any sensitive areas that they do not like having touched by you or others? \_\_\_\_\_  
\_\_\_\_\_
8. Are there any procedures in the past your pets have not liked having performed at the vet in the past or that seemed difficult for you or staff to do (nail trims, weight, ear exam, blood draw etc.)? If so, how did they react? \_\_\_\_\_  
\_\_\_\_\_
9. What are your pet's favorite treats (we rec bring some to the visit!)? \_\_\_\_\_
10. Does your pet like to play with toys? If so which ones (we rec bringing a favorite toy to the visit)? \_\_\_\_\_  
\_\_\_\_\_
11. Has your pet been prescribed any supplements or medications to help with a visit to the vet? If so, what was it and what sort of results did you experience? \_\_\_\_\_  
\_\_\_\_\_
12. Anything else you would like us to know? \_\_\_\_\_  
\_\_\_\_\_

