

PRE-VISIT QUESTIONNAIRE



Date: _____

Client Name: _____ Bird's Name: _____

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

Does your bird show any reluctance to getting in the carrier? Yes No

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

Eyes wide open	Freezing in place	Increased respiration	Chewing toes	Defecating	Trying to fly away/escape
Feathers slicked tight	Darting looks	Vocalizing	Eye pinning	Crouching/ Quivering wings	Feather loss Other _____

Does your bird prefer:

Female veterinarian Male veterinarian It doesn't matter

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

Getting in their carrier or the car	Going into the exam room
Entering the veterinary hospital	Being examined
Other pets and/or people passing by while in reception	Having direct eye contact with the technician and/or veterinarian
Waiting with other people and animals in the waiting area	Loud voices during examination
Being approached by veterinary staff	Being taken out of the carrier
Getting on the scale for a weight	The use of instruments such as the stethoscope
Hearing the doorbell, overhead intercom, or phones ringing	Being taken out of the exam room for procedures
Sounds coming from the back areas of the practice	

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

Does your bird have any sensitive areas that s/he does not like to have touched by you or others?

Are there any procedures your bird has not liked having performed at the veterinary hospital in the past or that seemed difficult for you or the staff to do? (weight, temperature, exam, blood draw) If so, how did your bird react?

What are your bird's favorite treats? (Please bring some to your next visit to our hospital):

Does your bird like to play with toys? If so, what kinds?

Has your bird ever been prescribed any 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? _____

VETERINARY HEALTHCARE TEAM: Transfer all applicable information from questionnaire to the patient's Fear Free Emotional Medical Record.