

FEAR FREE PRACTICE CERTIFICATION SUPPORTING EXAMPLES



General

This document was created to provide examples and resources to help you implement the Fear Free Practice Certification Standards.

Unless otherwise noted, you are not required to implement any of these specific examples or resources. They are also not all-inclusive. You could be doing something amazing that we haven't even thought of yet! Some information will be a valuable resource if you are planning a remodel or building a new facility.

If you have any additional questions or concerns about this information or how to meet any of the standards, please contact us at wags@fearfreepets.com.

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Category 1: Physical and Emotional

MANDATORY

1.2 All patients are cared for in a humane manner by hospital team members.

- Training
 - o Staff are screened and selected for suitability to tasks assigned
 - o Training addresses animal, personal and public safety
 - o Training addresses appropriate handling and patient restraint technique
 - o Staff performance is monitored on a continual basis
- Restraint
 - o When restraint is needed it should be of the least intensity and duration needed
 - If a canine patient struggles longer than 3 seconds or a feline patient longer than 2 seconds, this indicates a need to stop and reassess
 - If a canine patient struggles 3 times or a feline patient struggles 2 times, this indicates a need to stop and reassess
 - o Scruffing of cats is not permitted
 - o Sedatives and tranquilizers used when appropriate to facilitate restraint
- Location
 - o Staff should choose a calm and quiet environment for procedures
 - o Staff should allow adequate time for the animal to acclimate to the environment

Equipment and Supplies

May include but are not limited to:

- Blankets and towels to assist with restraint and provide hiding places
- Humane traps for capture of fearful cats for sedation
- Basket-type muzzles are preferred
 - o They provide safety but still allow mouth breathing, panting, and taking treats.
 - o Avoid nylon or noose-type muzzles that hold the mouth shut or those that restrict opening of mouth or use them only for quick procedures. They should never be left patients when hospitalized.
- Various sedatives and medications to lower FAS and decrease restraint
- Treats, toys, brushes or other grooming objects to help with lowering FAS
- Non-slip surfaces



Category 1: Physical and Emotional

Examples and Compliance Paths

- Training
 - o Institute new employee training as well as annual refresher training in appropriate handling techniques
 - o Develop training log covering all staff
 - o Performance reviews of staff on an ongoing basis
- Restraint
 - o Fear Free certification for staff involved in patient handling and care
 - o Use considerate approach, gentle control, and touch gradient
 - o Veterinary staff available to prescribe sedatives or medications as needed
- Location
 - o Designated areas that are used for procedures
 - o These designated areas should be quiet, confined, and safe areas where the patient can have adequate time to acclimate to the environment

Scoring

Training

- Review training program for Fear Free principles
- Review training log

Observation of designated areas for procedures

Observation of and conversations with staff members



Category 1: Physical and Emotional

Photo Examples



Towel wrap technique for restraint Credit: Sophia Yin



Basket muzzle being utilized



Category 1: Physical and Emotional

MANDATORY

1.4 Every patient evaluation includes a pain assessment and assignment of a pain score, no matter the visit circumstance.

- Job Level (who should be able to perform the task)
 - o Veterinary technician or assistant – history
 - o Veterinarian – physical exam and diagnosis
- Special Skills Required
 - o Ability to take a thorough history
 - o Ability to perform a comprehensive physical exam

Equipment and Supplies

May include but are not limited to:

- Colorado State University's Canine and Feline Acute Pain Scale
- University of Glasgow Short Form Composite Pain Score
- 2015 AAHA/AAFP Pain Management Guidelines for Dogs and Cats
- WASAVA Guidelines for Recognition, Assessment and Treatment of Pain

Examples and Compliance Paths

History is taken by a veterinary technician/assistant and documented in the medical record (MR)

- Pain assessment begins with a history and includes general information regarding the patient's behavior at home such as:
 - o Eating
 - o Drinking
 - o Activity
 - o Grooming
 - o Sleeping
 - o Attitude
 - o Weight loss/gain
 - o Urination and defecation habits

Physical exam is performed by a veterinarian and documented in the MR

- Pain assessment continues with a thorough physical exam of body systems including:
 - o Ears, eyes, nose, mouth, throat



Category 1: Physical and Emotional

- Heart/lungs
- Gastrointestinal
- Musculoskeletal
- Integument
- Neurologic
- Urogenital

Common signs of pain may include but are not limited to:

- Changes in patient's normal mentation (dull or aggressive)
- Changes in eating habits
- Vocalizing
- Licking or biting at a location of discomfort
- Limping
- Tense abdomen
- Disinterest in exercise or other social activities
- Reluctance or inability to use stairs
- Difficulty getting up or down
- Poor grooming habits
- Changes in muscle mass

Pain findings are then communicated to the client to formulate an appropriate treatment plan

Scoring

Review of medical records for:

- Pain assessment history
- Physical exam of body systems

Observation of communication of:

- Pain findings with client
- Treatment plan where appropriate
- Can be done verbally or in writing



Category 1: Physical and Emotional

MANDATORY

1.5 Appropriate pain management is provided for the level of pain occurring or expected.

- Job Level (who should be able to perform the task):
 - o Veterinary technician or assistant – identify signs of pain, understand and record pain scores, anticipate procedures that may be painful, alert veterinarians to patients that may be painful, client communication
 - o Veterinarian – assess pain in every patient, understand and record pain scores, make appropriate treatment plans to alleviate pain, direct treatment to support staff, client communication
- Special Skills Required:
 - o Understanding of pain scores
 - o Identify signs of pain occurring
 - o Able to anticipate level of pain for procedures
 - o Staff communication
 - o Client communication

Equipment and Supplies

May include but are not limited to:

- Colorado State University's Canine and Feline Acute Pain Scale
- University of Glasgow Short Form Composite Pain Score
- 2015 AAHA/AAFP Pain Management Guidelines for Dogs and Cats
- WASAVA Guidelines for Recognition, Assessment and Treatment of Pain

Variety of analgesics including but not limited to:

- Opiates
- NSAIDs
- Alpha-2 Adrenergic Agonists
- Gabapentin
- Amantadine
- Nutraceuticals

Examples and Compliance Paths

- Review Standard 1.4 to ensure pain assessment is part of every physical exam



Category 1: Physical and Emotional

- Pain management is instituted for acute and/or chronic pain
- Consideration for severity and duration of pain is a must
- Anticipate procedures that may be uncomfortable so that analgesia can be provided prior to treatment or as soon as possible
- Sedation must also be considered for painful procedures
- Follow-up with clients in an appropriate amount of time to ensure pain is being relieved
- Modify treatment plan based on follow-up discussions with client

Scoring

Review medical records for and/or observation of:

- Pain assessment as part of every physical exam
- Where acute and/or chronic pain is noted, pain management (including consideration for severity and duration) is discussed and documented
- Follow-up is conducted with clients to ensure pain is being relieved and, if necessary, treatment is modified



Category 1: Physical and Emotional

MANDATORY

1.6 All surgical patients are provided with pain management.

Pain management accompanies all surgical procedures

- Job Level (who should be able to perform the task):
 - o Veterinarian
- Skills Required:
- Ability to select and administer pain management medication

Equipment and Supplies

- A variety of analgesics to allow for multi-modal pain management

Examples and Compliance Paths

- Prior to all surgeries, pain management medication is administered to all patients
- Practice follows the AAHA/AAFP Pain Management Guidelines
- Practice utilizes a multi-modal approach to pain management
- Resources, like the package insert (PI), are readily available that address indications for, potential side effects, and potential drug interaction of medications utilized for pain management
- Pain assessment using a standardized scale or scoring system is recorded following all surgical procedures
- Clients are advised on indications for, potential side effects, and potential drug interactions of any prescribed pain management medications

Scoring

Review medical records and/or observation of:

- Administration of pain management medication prior to all surgeries
- Use of multi-modal approach to pain management
- Pain assessment, using a standardized scale, is recorded following all surgical procedures
- Availability of PI information for all pain management medications
- Availability and use of client handouts detailing indications for, potential side effects, and potential drug interactions of any prescribed pain management medications



Category 1: Physical and Emotional

MANDATORY

1.7 FAS assessment and documentation is part of every patient evaluation regardless of presenting complaint.

- Staff are screened and selected for suitability to tasks assigned
- Training addresses FAS assessment tools and techniques, available on the Fear Free website
- Staff performance is monitored on a continual basis

Equipment and Supplies

- FAS scoring scale, available on Fear Free website

Examples and Compliance Paths

- Training for all employees involved in FAS assessment is conducted annually
- Resources for training include but are not limited to:
 - o Fear Free Certification
 - o AAHA Canine and Feline Behavior Guidelines
 - o AAFP Feline Behavior Guidelines

Scoring

Review of medical records for FAS assessment compliance

Review of training log



Category 1: Physical and Emotional

MANDATORY

1.8 Any patient that is observed to be experiencing mental suffering or distress must be assessed and appropriately treated in an urgent and timely manner.

- Job Level (who should be able to perform the task)
 - o Observation – all staff
 - o Treatment – veterinarian, veterinary technician or assistant
- Special Skills Required
 - o Ability to recognize mental suffering and distress
 - o Ability to treat a patient displaying mental suffering and distress

Equipment and Supplies

May include but are not limited to:

- FAS scale
- Blankets and towels
- Treats and toys
- Medications and sedatives to lower FAS and suffering
- Humane traps for capture of fearful cats for sedation
- Basket-type muzzles are preferred
 - o They provide safety but still allow mouth breathing, panting, and taking treats.
 - o Avoid nylon or noose-type muzzles that hold the mouth shut or those that restrict opening of mouth or use them only for quick procedures. They should never be left patients when hospitalized.
- Quiet, isolated space for treatment

Examples and Compliance Paths

- Any team member who recognizes that a patient is suffering reports this to a veterinarian or veterinary technician/assistant
- Veterinarian or veterinary technician/assistant takes patient to an appropriate location to begin treatment
- Treatment includes calming techniques and/or medication to reduce or eliminate mental suffering or distress
- Medical record is updated to show cause of incident, treatment given, results of treatment
- If medications are used, resources are available that address indications, potential side effects, and potential drug interactions (e.g. PI)



Category 1: Physical and Emotional

- If medications are used, clients are advised of indications, potential side effects, and potential drug interactions

Scoring

Observation and/or review of medical records

Availability of client handouts advising of indications, potential side effects, and potential drug interactions of medications



Category 1: Physical and Emotional

MANDATORY

1.9 Written protocols for documenting, minimizing and treating FAS must be in place to support animals at admission, during the visit, and at check out.

- Job Level:
 - o All (CSR, veterinary technician/assistant, veterinarian)
- Special Skills Required:
 - o All staff shall be trained in recognizing and mitigating FAS by modification of the environment and handling plans

Equipment and Supplies

May include but are not limited to:

- All handling tools (including but not limited to: towels, bandanas, various food and treats, toys, pheromones, basket-type muzzles, ability to play calming music in various locations, ability to provide white noise, ability to provide visual block in lobby, ability to elevate cat carriers off the floor, non-slip mats for exam sites, scripts for screening for FAS while scheduling, other more specialized handling tools as indicated by patient FAS)
- All equipment required for patient exam and procedures
- FAS scale
- Pre-visit questionnaire
- Client handouts for preparing for the visit and car travel

Examples and Compliance Paths

- Scheduling appointments
 - o Patients are prescreened via phone or email for FAS at previous veterinary visits. A script for phone screening for previous FAS will be used. If the patient has been seen at the practice previously, notes on FAS are referred to during scheduling.
 - o The practice will have client handouts that describe how to acclimate pets to carriers and restraint devices, and how to best minimize FAS before and during travel.
 - o Scheduling will be at times that are best for the patient and client that will work within the practice schedule.
 - o Scheduling for patients with FAS should minimize contact with triggers



Category 1: Physical and Emotional

- Examples of triggers include but are not limited to:
 - Dogs with fear of other dogs or people or dogs with any aggression:
 - Schedule at a time when they are the only patient
 - If environmental conditions allow, instruct client to wait in the car until they can be escorted directly to an exam room
 - Schedule at a time when patient can be brought into exam room immediately
 - Scheduling of cats should allow them to wait in a cat-only area (unless triggered by other cats) or when they can be escorted directly to an exam room.
 - Clients will be reminded to bring special treats or comfort items, use calming music, and to use recommended protocols to minimize FAS prior to and during transport. If PVP have been prescribed, clients will be reminded to administer them at the appropriate time.
 - Schedule extra time for patients with FAS as needed.
- Admission
 - Have clients with special-needs patients call prior to or upon arrival in the parking lot.
 - The waiting area will have seats that allows for separation of patients and visual barriers between patients.
 - If check-in causes congestion at the reception desk, the clients should be seated in a non-crowded area and allowed to check in while seated with the patient separated from other patients.
 - When needed, clients and patients' entry to the clinic will be assisted by the veterinary staff.
 - The CSRs will monitor the lobby environment¹:
 - All dogs are on leash (4-6', no retractable)
 - Pheromone plug-ins are operational and pheromone-treated towels or bandanas are available
 - Patients are monitored for FAS and managed appropriately
 - Patients vocalizing are recognized and managed appropriately
 - Comfortable flooring is available, cats are elevated off the floor, and/or carriers are covered
 - Treats are available and offered unless medically contraindicated
 - Noise levels are minimized
 - Calming music playing softly

¹ Adapted from Shreyer, Barrett "Environmental Management Checklist - Lobby" *Bringing Behavior in Clinical Animal Behavior Conference*, 2015



Category 1: Physical and Emotional

- During the visit
 - o The exam room environment is managed²:
 - Lights are dimmed (task lighting is used when needed)
 - Calming music is played and/or white noise is used to block other noises from outside the room
 - Voices are kept low
 - Pheromone Support is used
 - Noxious odors are minimized
 - Non-slip mats for exam surfaces are used, hiding places are available
 - Food or other Fear Free tools (toys, praise) are used for all parts of the exam (before, during, and after)
 - Temperature is appropriate for the thermoneutral regulating zone of the patient
 - Handling tools are easily available (towels, basket-type muzzles, other)
 - All items are ready for exam and needed procedures prior to start of the exam
 - The patient is continually monitored for changing signs of FAS as the exam proceeds. If increasing FAS is noted, the exam process is modified to mitigate the FAS (e.g. moving up the treat ladder, changing handling tools). The exam may be discontinued, and the patient treated or released to allow for PVP at a future visit.
 - Entrances and exits from the exam room will be minimized, using as few team members as possible to facilitate the exam and procedures.
 - Considerate approach and gentle control are used for all interactions with the patient. Touch gradient is used for all physical interaction with the patient.
 - Patient struggling for procedures
 - o Struggling of a dog for more than 3 seconds and a cat for more than 2 seconds requires that the staff reposition, reassess handling techniques or overall handling plan.
 - o If after 3 tries for dogs and 2 tries for cats, the patient still struggles, the procedure will be stopped and the need for the procedure today will be reassessed and the handling plan modified to prevent struggling and escalating FAS.
 - The patient emotional record is included in the completed medical record.

² Adapted from Shreyer, Barrett "Environmental Management Checklist – Exam Room" Clinical Animal Behavior Conference, 2015



Category 1: Physical and Emotional

- Ending the visit
 - o Review discharge instructions and check client out in room
 - o Alternatively, after reviewing discharge instruction, allow pet to stay in exam room, with supervision, and owner to check out with CSRs
 - o If patient is feline and is from a multi-cat household, re-introduction counseling provided to minimize risk of inter-cat aggression

Scoring

Observation

- Use of script for phone screening for previous FAS
- Client handouts
- Scheduling management
- Admission management
- Lobby environment management
- Exam room environment management
- Patient discharge



Category 1: Physical and Emotional

MANDATORY

1.10 Restraint and/or stabilization of any patient that could be painful and/or cause emotional distress is prohibited. The use of physical punishment or force in anger or frustration is unacceptable.

- Training
 - o Training in appropriate handling and restraint methods
 - o Staff performance should be monitored on a continual basis
- Restraint
 - o Restraint, when necessary, should be of the least intensity and duration necessary
 - If a canine patient struggles longer than 3 seconds or a feline patient longer than 2 seconds, this indicates a need to stop and reassess
 - If a canine patient struggles 3 times or a feline patient struggles 2 times, this indicates a need to stop and reassess
 - o Scruffing of cats is not permitted

Equipment and Supplies

May include but are not limited to:

- Blankets and towels to assist with restraint
- Basket-type muzzles are preferred
 - o They provide safety but still allow mouth breathing, panting, and taking treats.
 - o Avoid nylon or noose-type muzzles that hold the mouth shut or those that restrict opening of mouth or use them only for quick procedures. They should never be left on patients when hospitalized.
- Various sedatives and medications to lower FAS and decrease restraint
- Treats, toys, brushes, etc. to help with lowering FAS

Examples and Compliance Paths

- Annual employee training on appropriate handling and restraint methods
- Fear Free course review for all staff involved in animal handling and care
- Development of a hospital policy that addresses avoidance of physical punishment or force
- Said policy should be read and signed by all hospital employees annually and kept with employee records

Scoring

Review training log, review of hospital policy and employee participation



Category 1: Physical and Emotional

MANDATORY

1.11 When animal training and behavior modification strategies are employed, they must be free from aversives and adhere to scientific principles for humane handling techniques.

- Training
 - o Staff are screened and selected for suitability to tasks assigned
 - o Animal training utilizes appropriate training techniques
 - o All staff involved in animal training should be Fear Free certified
 - o All staff involved in animal training should have read AAHA's Canine and Feline Behavior Management Guidelines
 - o Aversives are not permitted: aversives include but are not limited to methods that use force, pain, intimidation, or coercion

Equipment and Supplies

May include but are not limited to:

- Treats, toys, brushes, etc. to support positive reinforcement
- Gentle control tools acclimated appropriately
- Pet owner private or group sessions to support continued training at home
- Various anxiolytic medications to facilitate learning

Examples and Compliance Paths

- Online course completion such as Fear Free training module or other reputable training courses, such as Karen Pryor Academy (www.karenpryoracademy.com)
- Training certification from Fear Free recognized training organizations. A listing can be found under eligibility criteria for the Fear Free Animal Trainer Certification course (<https://fearfreepets.com/courses/fear-free-animal-trainer-program/#1509467937617-9183a921-70ae>).
- Review of literature on behavior management:
 - o AAHA Canine and Feline Behavior Management Guidelines
 - o AAFP Feline Behavior Guidelines
 - o AVSAB Position Statements on:
 - Puppy Socialization
 - Punishment
 - Dominance
 - How to Choose a Trainer



Category 1: Physical and Emotional

If a referral to a credentialed trainer is made, the trainer meets all guidelines set forth by Fear Free. For a list of approved trainers and credentials, see Fear Free training module. If trainer or credentials are not shown, contact Fear Free.

For patients exhibiting high FAS scores (Level 3, 4, or 5) there are notes in the medical record as to recommendations for behavior modification.

Scoring

Medical record review

Trainer referral list

Training log



Category 1: Physical and Emotional

MANDATORY

1.12 Syringes and needles are single-use only. Needles are replaced after drawing up vaccines, medications, unsuccessful blood draws etc. so that the patient always receives a fresh needle.

Job Level (who should be able to perform the task):

- Veterinary technician/assistant – in those states that allow veterinary technician or assistant to perform this based on the state practice act
- Veterinarian

Equipment and Supplies

Readily available supply of a variety of sized needles and syringes

Examples and Compliance Paths

Any injection (e.g. vaccines, SQ fluids) or sample collection (e.g. blood draw, cystocentesis) are performed using a fresh needle.

One of the most common reasons a dog or cat sees the veterinarian is for an annual exam with vaccinations. Please consider the following options for making that visit a more comfortable experience.

- To minimize movement and noise, aim to have all items needed for the visit (e.g. vaccines, syringes, needles, covering towel, treats), prepared and ready to go at the start of the exam. The goal is to avoid having to exit and re-enter the room repeatedly.
- For vaccinations, the vaccine will be drawn up (or reconstituted) using a larger gauge needle, and then a new needle will be attached to the syringe(s) ensuring the sharpest needle with the least drag.
- The room in which the procedures are done will feature adequate pheromone exposure for the species under care. The hospital staff will be wearing pheromones on their clothing, refreshed as needed. The non-skid surfaces are spritzed with pheromones. The towels covering the syringes are spritzed with pheromones.
- “Putting the treat into treatment”
Before the procedure is attempted, i.e. the vaccination, the pet is distracted by extremely



Category 1: Physical and Emotional

high-value treats such as dehydrated or warm deli meats, spreadable cheese, peanut butter, baby food, whipped cream, etc. We recommend using ice cream cones (just the plain yellow cones that taste like Styrofoam) to deliver the treats as it keeps your hands away from the mouth. Some veterinarians write the pet's name or make a smiley face out of a high-value treat and have the pet owner video their pet eating their own name while vaccinated. This makes for great social media posts!

- Once the pet is fully distracted, the person doing the procedure implements touch gradient, maintaining constant physical contact with the pet so as not to startle him/her. When using touch gradient, instead of grabbing a fold of skin or hiking up the back leg and jabbing the needle in, touch and lightly stroke the patient, then do the same motion with your other hand, and then tent the skin where you intend to insert the needle. This massage-like laying on of hands may be repeated 2 to 4 times. The last time you tent the skin, you deliver the vaccine.
- Other gentle control techniques such as towel wrapping, head covering, and/or use of compression garments may be used to further decrease offending stimuli.
- Sedate early and often. If you can't reduce FAS to an acceptable level by other means, sedatives should be thought of as a first option, not a last resort.
- Use the Emotional Medical Record to capture what techniques worked the best, where the pet liked the procedure to be done (e.g. table, floor, lap), what gentle control technique did or didn't work, what were known FAS triggers (e.g. a certain individual) and what treats were preferred. The goal is to always move the pet away from FAS and toward happy and calm.

Scoring

SOP for syringe and needle usage



Category 2: Client Education

MANDATORY

2.1 The practice provides client education about Fear Free veterinary care and FAS to all clients when visiting the practice.

Training

- Staff not Fear Free certified are trained on Fear Free and FAS core concepts and key messages
- Staff performance is monitored on a continual basis

Equipment and Supplies

May include but are not limited to:

- Fear Free client brochures
- Fear Free client-specific handouts
- Fear Free veterinary resources handouts
- Fear Free Happy Home information
- Fear Free poster
- Fear Free FAS scale

Examples and Compliance Paths

- Institute new employee training as well as annual refresher training in appropriate Fear Free and FAS core concepts and key messaging
- Performance reviews of staff on an ongoing basis to ensure appropriate messaging is delivered regularly
- Group classes on Fear Free

Scoring

Client education material must include at least **three (3)** of the following and must be present in all exam rooms and the waiting area:

- Fear Free client brochures
- Fear Free client-specific handouts
- Fear Free veterinary resources handouts
- Fear Free Happy Home information
- Fear Free poster
- Fear Free FAS scale



Category 2: Client Education

Practice-produced handouts that are compliant with the Fear Free principles may be substituted for any Fear Free- produced handouts.



Category 2: Client Education

MANDATORY

2.2 The practice provides take-home client education pieces about Fear Free veterinary care, Fear Free Happy Homes, and FAS to all clients.

Training

- Staff not Fear Free certified is trained on Fear Free key messages and core concepts
- Staff is aware of location of Fear Free take-home materials

Equipment and Supplies

May include but are not limited to:

- Fear Free client brochures
- Fear Free client-specific handouts
- Fear Free veterinary resources handouts
- Fear Free Happy Home information
- Fear Free FAS scale

Examples and Compliance Paths

- Institute new employee training as well as annual refresher training in appropriate Fear Free and FAS core concepts and key messaging
- Performance reviews of staff on an ongoing basis to ensure take-home resources are being given to clients when appropriate

Scoring

Take home client education must include at least **three (3)** of the following, and must be present in all exam rooms, the waiting area and the check-out area:

- Fear Free client brochures
- Fear Free client-specific handouts
- Fear Free veterinary resources handouts
- Fear Free Happy Home information
- Fear Free FAS scale

Practice-produced handouts compliant with Fear Free principles may be substituted for any Fear Free-produced pieces.



Category 2: Client Education

OPTIONAL

2.4 The practice will provide client education as it pertains to sourcing and engaging additional services.

Equipment and Supplies

May include but are not limited to handouts on the following topics:

- Private or Group Behavior Training (DACVB, CAAB)
- Training classes (group or private)
- Grooming
- Boarding, pet sitting and dog walking
- Daycare
- End of Life (hospice, mobile vet services)

Examples and Compliance Paths

- Develop handouts on the various additional services
- Review recommendations to ensure they follow Fear Free methods
- Develop list of behaviorists who meet Fear Free criteria (list can be found on fearfreepets.com.)
- AVSAB Position Statements on:
 - o Puppy Socialization
 - o Punishment
 - o Dominance
 - o How to Choose a Trainer

Scoring

Practice will earn **10 points per** additional service information supplied, up to a **maximum of 60 points**:

- Private or Group Behavior Training (DACVB, CAAB)
- Training classes (group or private)
- Grooming
- Boarding, pet sitting, and dog walking
- Daycare
- End of Life (hospice, mobile vet services)



Category 3: Medical Records

MANDATORY

3.1 The practice has a Pre-Visit Questionnaire that is completed prior to a scheduled visit to prepare the client, patient and staff for the visit.

Equipment and Supplies

The following may be helpful in explaining and educating about Fear Free and FAS:

- Fear Free Pre-Visit Questionnaire

Examples and Compliance Paths

- Practice uses the Fear Free Pre-Visit Questionnaire or one they have developed prior to each scheduled visit
- Questionnaire is reviewed by appropriate staff prior to the patient's arrival at the clinic

Scoring

Review questionnaire

Observational:

- Usage with client
- Usage with staff



Category 3: Medical Records

MANDATORY

3.2 The practice documents an Emotional Medical Record summarizing all visits.

Equipment and Supplies

May include but are not limited to:

- Fear Free Emotional Medical Record
- Fear Free Emotional Medical Record explanation
- Fear Free FAS scoring

Examples and Compliance Paths

- Practice uses the Fear Free Emotional Medical Record or one they have developed prior to each scheduled visit
- Emotional Medical Record is updated after each patient visit

Scoring

Review of medical records for Emotional Medical Record



Category 3: Medical Records

MANDATORY

3.3 The practice has documented all applicable FAS scores in the Emotional Medical Record.

Equipment and Supplies

May include but are not limited to:

- Fear Free Emotional Medical Record
- Fear Free Emotional Medical Record explanation
- Fear Free FAS scoring or comparable scale

Examples and Compliance Paths

- Practice uses the Fear Free Emotional Medical Record with documentation of FAS scores during each visit

Scoring

Review of medical records for FAS scores in the Emotional Medical Record



Category 4: Facilities

MANDATORY

4.1 Patients are provided a with non-slip surface for procedures and handling including but not limited to: exams, sample collections, treatments, imaging, anesthesia prep, bathing and grooming.

Equipment and Supplies

May include but are not limited to:

- Yoga mats
- Bath mats
- Veterinary specific mats

Examples and Compliance Paths

See above

Scoring

Observational



Category 4: Facilities

MANDATORY

4.2 Practice has implemented at least two (2) of the following:

- Outdoor exam for dogs
- Non-slip flooring
- Protocols to reduce FAS at the scale
- Pheromone diffusers, sprays, and wipes
- Design options for considerate approach and gentle control
- Fear Free exam table
- Treat dispenser
- Provide heat source for pet
- Platform for cat carriers in waiting and exam rooms
- Outdoor views from exam rooms for cats
- Enrichments for cats in exam rooms
- Eliminate images of other cats from view
- Increase temperature of room for cats
- Litter box in exam room

Equipment and Supplies

May include but are not limited to:

- Fear Free exam table
- Pheromone diffusers, sprays, and wipes
- Treat dispensers
- Towel heaters and other safe radiant heating devices
- Enrichments for patients
- Platforms and shelves for cats

Examples and Compliance Paths

Possible Compliance Paths (general)

- Non-slip flooring provides a coefficient of friction (COF) of at least 0.5 or greater. Ensure that the flooring maintains at least this level when wet or dry. Increasing static coefficient of friction to 0.6 or greater may be helpful for pets as this creates a higher traction surface. Flooring manufacturers' representatives can assist with providing this information. The following floor types work well to achieve this standard:



Category 4: Facilities

- Safety sheet vinyl floors. Many of these achieve a COF of at least a 0.80 or greater when wet.
- Safety versions of luxury vinyl plank and tile. This product is not as useful for medical areas because it is not seamless, but can be used in offices, reception, and examination rooms.
- Rubber flooring can be specified as a recycled granular product or a smooth, sealed product. The latter is better in medical areas.
- Other types of harder flooring products such as tile and epoxy, but these must be carefully controlled in collaboration with the product manufacturers to provide a true non-slip surface.
- Protocols to reduce FAS at the scale. The hospital should demonstrate a standard protocol for dogs and cats that helps to reduce fear at the scale.
 - For example, the hospital could use a technique locating the scale in a more open area (so dogs are not forced into a corner or against a wall) and fed high-value treats on the scale.
 - Design solutions that may help include recessing the scale into the floor so dogs do not need to step up onto the scale.
- Pheromone diffusers, sprays, and wipes. These can be used in examination rooms to infuse the room with species-specific pheromones. Sprays and wipes can be used for surfaces and wipes can be used with gentle touch to reassure the patient.
- Patient examination surfaces all utilize non-slip surfaces.
- Design options for considerate approach and gentle control. This may mean many things to different hospitals, and the hospital can demonstrate its own methods for using the design of the room to achieve considerate approach and gentle control. Examples may include, but are not limited to:
 - Boxes placed on wall to assist with considerate approach to examining cats.
 - Low platforms or soft, clean floor mats for examining dogs near or on the floor.
- Treat dispenser. The hospital should place dispensers for a variety of species-appropriate high-value treats in the examination room.
- Provide a heat source for the patients. A towel heater or other safe heating device can be used to provide heated wraps or surfaces for the patients.

Possible Compliance Paths (dog only):

- Outdoor exam room. An outdoor exam room can be a more comfortable place for some dogs to be examined. This space can also be used for euthanasia. It should be fenced securely to prevent escape.



Category 4: Facilities

Possible Compliance Paths (cat only):

- Platform for cat carriers in waiting and examination rooms to prevent cats from being placed on the floor
- Outdoor views from exam rooms for cats
- Enrichments for cats in exam rooms. This can take the form of toys, ledges, places to climb, litter boxes, etc.
- Eliminating images of other cats from view. In cat examination spaces, avoid any photorealistic images of cats, dogs, or other animals cats considered predatory.
- Increase temperature of feline exam rooms. Cats are metabolically neutral at above 80 degrees. Increasing the temperature (within a reasonable comfort zone for people) can create a more comfortable space for cats.

Scoring

Observational

Photo Examples



Non-slip safety vinyl flooring, Credit: Foto Imagery / Tim Murphy



Category 4: Facilities



Options for considerate approach for cats and dogs. Credit: Foto Imagery / Tim Murphy



Options for outdoor examination for dogs. Credit: Foto Imagery / Tim Murphy



Category 4: Facilities

OPTIONAL

4.3 Separate species waiting area

Hospital must provide **at least one (1)** of the following to attain the 80 points.

- Separate waiting areas for dogs and cats
- Visual blocks in waiting area between species
- Separate entries for dogs and cats

Equipment and Supplies

May include but is not limited to:

- Furniture or other visual screens

Examples and Compliance Paths

- Separate waiting areas for dogs and cats. Separate waiting is ideal for dogs and cats to reduce anxiety for each species. This may be achieved with a wall or with a partial divider.
- Visual blocks in waiting areas between species. For hospitals that cannot physically separate dogs and cats, a visual block may be erected between dog and cat areas of the waiting area. This may be achieved with furniture or screens. Visual block should extend above the eye level of all patients to be effective.
- Separate entries for dogs and cats. This is the most extreme of the species separation; dogs and cats are separated right at the front door. This is ideal for dogs and cats but may not be an ideal solution for all types of practices.

Scoring

Observational



Category 4: Facilities

OPTIONAL

4.4 Reduce wait times for patients in the lobby

Practice must provide **at least of one (1)** of the following methods for reducing waiting times for patients in the lobby to attain the 80 points.

- Alternate check-in methods to avoid waiting in the lobby
- Outdoor covered waiting areas
- Alternate access into the building (e.g. door directly to exam room from outside)

Equipment and Supplies

If utilizing alternative methods for check-in, some tools may be used such as:

- Restaurant-style buzzers for clients to carry and return or non-audible paging systems

Examples and Compliance Paths

Any of the methods listed is acceptable as a compliance path to achieve this standard if the practice can provide reduced waiting times at any given time. For example, if the practice provides outdoor covered waiting, another method may be required during inclement weather.

- Alternative Check-In Methods
 - o Non-Audible Paging Systems. These can be used to notify staff of a client's arrival or for the practice to notify the client when the examination room is ready.
 - Client either checks in at lobby when arriving or texts from the car once in the parking lot.
 - Practice either provides a restaurant-style buzzer or texts client when examination room is ready.
- Outdoor Covered Waiting Areas
 - o Provide a covered waiting porch to be used in pleasant weather.
- Alternative Access into the Building
 - o Provide doors directly to one or more exam rooms to provide an option for a fearful patient to come into exam rooms without going through the lobby. If providing this option to clients, provide secondary fencing around the exam room door to ensure patients cannot escape.



Category 4: Facilities

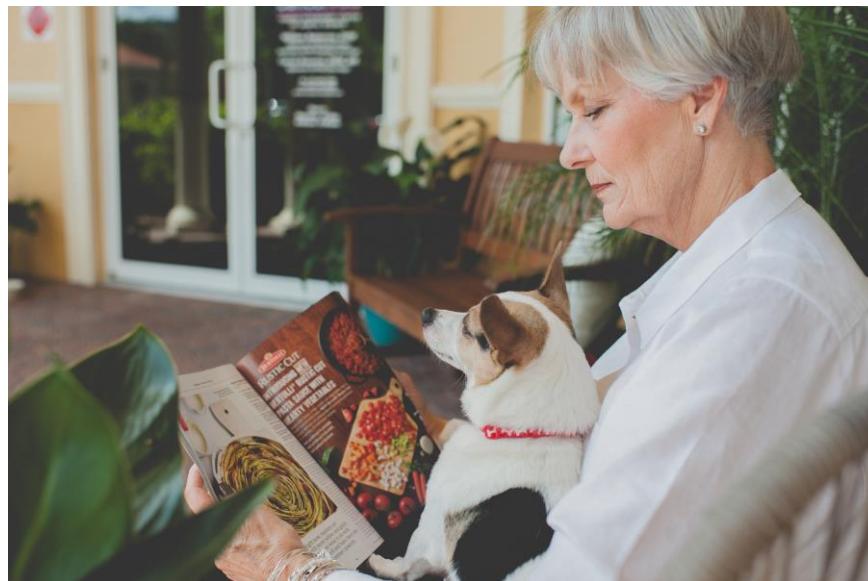
Scoring

Observational

Photo Examples



Exterior access examination room with fencing around. Credit: Foto Imagery / Tim Murphy



Exterior waiting porch. Credit: Anne Willette Photography



Category 4: Facilities

Cautions

Ensure the method/s used are safe for clients and patients.

- The method does not put patients at risk. For example, if utilizing “direct to exam room” access, provide fencing to ensure patients cannot escape from exam rooms to a parking area or street.
- The method does not put clients at risk. For example, if using text notifications to communicate with clients, they should be encouraged not to text the hospital while in route but should text upon safe arrival.



Category 4: Facilities

OPTIONAL

4.5 Facilitate positive emotional response before patient enters the building

Practice must provide **at least one (1)** of the following methods for facilitating positive emotional response for patients before they enter the practice to attain the 70 points:

- Treat dispenser at building entry
- Safe outdoor walking area
- Drive-through
- Other

Equipment and Supplies

- May include but are not limited to:
 - o Treat dispensers

Examples and Compliance Paths

- Safe outdoor walking area
 - o Safe outdoor areas and gardens where clients can walk their pets before entry.
- Drive-through
 - o This can also be used for feeding patients treats, so patients have an ongoing positive association with the practice.
- Other methods may be used and accepted at the discretion of the Fear Free accreditation staff.

Scoring

- Observational



Category 4: Facilities

Photo Examples



Treat dispensers can be placed in an entry vestibule. Credit: Foto Imagery / Tim Murphy



Category 4: Facilities

OPTIONAL

4.6 Separate species at exam, during treatment, and in wards/housing

Practice must provide **at least of one (1)** of the following to attain the 80 points.

- Separate exam rooms for dogs and cats
- Separate wards/housing for dogs and cats
- Separate treatment areas for dogs and cats
- Visual blocks between patients in wards
- Visual blocks between patients in treatment areas

Equipment and Supplies

May include but are not limited to:

- Visual blocks such as screens, medical grade curtains, and towels

Examples and Compliance Paths

- Separate exam rooms for dogs and cats
 - o Practices that cannot achieve total separation may demonstrate thorough protocols to achieve as much separation as possible. For example:
 - Having one dedicated cat exam room
 - Exam rooms used for both species are thoroughly cleaned with accelerated hydrogen peroxide cleaner and use species-appropriate pheromones for the next patient
- Separate wards/housing for dogs and cats
 - o Dogs and cats are housed in species-specific wards. An exception may be made for a critical care patient who needs to be placed in the most visible spot for medical reasons.
- Separate treatment areas for dogs and cats
 - o Dogs and cats are treated in separate rooms. It is acceptable to utilize shared medical spaces once the patient is anesthetized, including:
 - Special procedure rooms
 - Imaging rooms
 - Surgery rooms



Category 4: Facilities

- Visual blocks between patients of different species in wards.
 - o *Note: This method is not ideal because dogs and cats are still in the same space, but it is acceptable for small hospitals that do not have the space to fully separate species.*
 - o Towels hung over the fronts of cages
 - o Screening on the lower half of the fronts of dog runs
- View blocking in treatment
 - o Curtain tracks can be installed around work tables in treatment to act like a human emergency department
 - o Half-height walls that allow staff to look over without animals seeing each other

Scoring

Observational

Photo Examples



Example of dog-only treatment area. Credit: Foto Imagery / Tim Murphy

Cautions

Critical patients need to remain in view for their safety. Species separation concepts may be set aside to maintain patient safety in critical care situations.



Category 4: Facilities

Optional

4.7 Facilitate family involvement in ICU/CCU setting by providing option for client to stay with pet in critical care setting.

Equipment and Supplies

May include but are not limited to:

- Comfortable chair for client
- Mat on floor for visiting with patient in a run
- Curtain on track at ceiling or moveable screen to allow for screening of other patients and/or hospital activities while client is visiting with patient

Examples and Compliance Paths

Practice must provide a protocol for allowing clients to visit critically ill patients. One or more locations must be provided for this activity.

- Provide seating area in ICU/CCU setting
- Provide a designated area in treatment for this activity; the area should be out of normal traffic flow
- Treatment runs may be used for this purpose, as clients may sit in them or in front of them out of the way of traffic flow (see photo example)
- The area may be screened with a half wall or movable screen to shield the client from other activities in treatment

Scoring

Observational



Category 4: Facilities

Photo Examples



Half-height treatment runs with ideal configuration for client visiting. Credit: Foto Imagery / Tim Murphy



Category 4: Facilities

OPTIONAL

4.8 Cleaning protocols to improve the olfactory experience for patients are in place.

Practice must provide **at least one (1)** of the following to attain the 80 points.

- Cleaning protocols to prevent nose blindness
- Cleaning with appropriate disinfectant
- Closed trash receptacles in treatment and exam to reduce odors
- Cleaning protocol for all tools and products that come in contact with pets
- Protocol for cleaning exterior vertical and horizontal surfaces near practice entrances
- Protocol for exterior pet waste removal
- Protocol for spot cleaning only while pet is occupying housing unit

Equipment and Supplies	MSDS May Be Required
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May include but are not limited to:

- Chemicals for cleaning and disinfecting (MSDS sheets required)
 - o Bulk chemicals
 - o Diluted chemicals
 - o Disinfecting wipes
 - o Hand sanitizing chemicals
- Handwashing sinks and sinks used for sanitizing equipment
- Dishwashers and laundry equipment
- Cleaning equipment and accessories such as hoses, sprayers, etc.
- Flushing devices for feces
- Trash receptacles, bags

Examples and Compliance Paths

- Preventing “nose blindness” effects in patients by using effective but gentle cleaning chemicals
 - o Harsh or caustic chemicals can be hard on patients as well as staff members in the veterinary hospital. For one means of compliance, use an accelerated hydrogen peroxide (AHP) cleaner and disinfectant formulated for veterinary use. When used as directed, AHP is effective against pathogens while being gentler for pets, people, and the environment. AHP helps remove biofilms that create lingering odors. The hospital can demonstrate proper dilution and application of AHP.



Category 4: Facilities

- Improving the olfactory environment in examination rooms and treatment
 - o Using closed-lid trash receptacles in examination and treatment rooms
 - o Immediately empty trash receptacle if malodorous (e.g. urine, AG, feces)
- Effective sanitizing of tools and equipment
 - o Demonstrating protocol for sanitizing any shared tool or equipment between patients. Not only is this good for prevention of odors, it is best practice for minimizing biological risk. For example, using an AHP disinfecting wipe on the exam table between patients.
 - o Use of a sanitizing laundry detergent for hospital laundry
- Effective cleaning of horizontal and vertical surfaces inside and outside the hospital
 - o Daily hose cleaning of wall and sidewalk surfaces outside the front door of the hospital
 - o Protocol for weekly disinfection or replacement of surfacing of outside patient elimination areas: e.g. providing a frequently refreshed mulch bed outside
 - o If using mop cleaning, using a system that allows a different mop head and clean water/disinfectant to be used in each room to avoid cross contamination between spaces
 - o Protocols for regular cleaning of the following frequent offenders for negative olfactory stimulus:
 - Front entry mats
 - Scales
 - Exam room seating
- Patient waste disposal protocols
 - o Frequent removal of solids and placement into:
 - Trash bags that are removed immediately to outside disposal areas
 - Flushing fixtures designed to dispose of feces (these are called clinical sinks and are used frequently in human nursing care facilities)
- Spot cleaning methods for patients being housed overnight, when possible
 - o Patients benefit from being around their own odors.
 - o Spot cleaning of animal enclosures is preferred unless the enclosure has become too soiled for this to be reasonable.



Category 4: Facilities

Scoring

Review protocols for:

- Sanitizing
- Patient elimination area
- Patient waste

Observational

Photo Examples



Example of a janitorial closet with a clinical sink for disposal of feces.

Cautions

Phenolic compounds for cleaning or hand sanitizing must not be used as they are toxic to cats.



Category 4: Facilities

OPTIONAL

4.9 Reduce stress for patients in a ward setting

The hospital must provide **at least two (2)** of the following stress-reducing strategies to attain the 80 points.

- Eliminate patients facing each other in wards
- Provide more than one dog ward
- Non-reflective surfaces in cages
- Ability of cats to hide in enclosure
- If bars are present on cat cage doors, they are horizontal
- Resting platforms in cages for cats
- Cages with views to pleasant or neutral spaces
- Enrichments used in cages
- Litter pans designed for hospitalized cats
- Provide critical Fear Free dimensions in caging
- Appropriate pheromone therapy

Equipment and Supplies

May include but are not limited to:

- Enrichments such as scratching pads, resting benches, etc. for cages
- Caging and runs designed for the wellbeing of patients
- Shallow litter boxes for easy use by hospitalized cats

Examples and Compliance Paths

General Strategies

- Eliminate patients facing each other in wards
 - o Dogs and cats can react negatively when facing each other at close distance in ward spaces. Wards may be designed to be single-sided.
 - o If this is not possible for the hospital, visual blocks may be placed on the fronts of caging³.
- Non-reflective surfaces in caging
 - o Caging and runs can be selected or modified to reduce reflective, shiny surfaces
 - o Laminate caging for cats

³ Critical patients should remain visible to practice personnel.



Category 4: Facilities

- Plastic run side panels for dogs
- Caging with views to pleasant or neutral spaces
 - If possible, caging can be set up so animals can look out of wards into staff work spaces (better monitoring for staff) or to the outside.
- Enrichments used in cages
 - Blankets and towels
 - Resting shelves and benches for cats and raised beds for dogs
 - Scratching surfaces for healthy cats (for example, boarded cats)
 - Safe toys or treats for healthy dogs and cats
- Provide Fear Free dimensions in caging
 - Many cats have traditionally been housed in small enclosures that do not allow them to express normal behaviors and assume normal postures. Fear Free housing prioritizes a cat's ability to move normally in a horizontal direction and may also incorporate movement in the vertical direction. Enlarging caging to three feet in width and at least 30 inches in height can suffice for healthy, short-term housing.
 - Healthy cats held overnight, or cats housed with litter pans need at least a four-foot-long housing unit.⁴
 - Additional information about modifying existing structures can be found here: <http://www.sheltermedicine.com/library/resources/cat-portals-order-information-and-instruction-for-installation>
 - Because dogs vary in size, a variety of housing units can be provided. Healthy adult dogs must be able to move freely within their enclosures. If a dog cannot turn around without touching the sides of an enclosure, the enclosure is too small for the dog⁵.
 - Runs in medical settings should be wide and shallow rather than deep and narrow. Wide and shallow runs give dogs more room to maneuver and allow technicians to sit inside the run with a dog.

Dog Solutions

- Provide more than one dog ward
 - One of the tools animal behaviorists use to positively influence dogs is to house them based on their behavioral needs.
 - By providing more than one dog ward, dogs may be separated to provide maximum stress reduction.

⁴ If an animal needs restraint, such as in post-surgical situations, it is acceptable to provide smaller housing as is medically appropriate for the patients. Kittens may also be housed in smaller units.

⁵ The hospital may intentionally restrict movement when medically required, such as in post-surgical situations.



Category 4: Facilities

- Beyond having more than one dog ward, create at least one low-stimulation run or room for a highly stressed or reactive dog. This may be a run in a separate room or a fully- enclosed run.

Cat Solutions

- Provide choices for cats to hide in enclosures
 - Unless the cat needs monitoring for medical reasons, add a choice for hiding to the enclosure. A towel hung on a portion of the cage door can suffice. This can be a viable option even for cats who need monitoring such as those with an IV or urinary catheter.
- If bars are present on cage doors, they are horizontal
 - Horizontal bars are easier to use for hanging towels, etc., for hiding, but also provide unobstructed views when the cats want to look out.
- Litter pans designed for hospitalized cats
 - Provide wide, shallow litter pans so that ill or compromised cats can use them easily

Scoring

Observational

Photo Examples



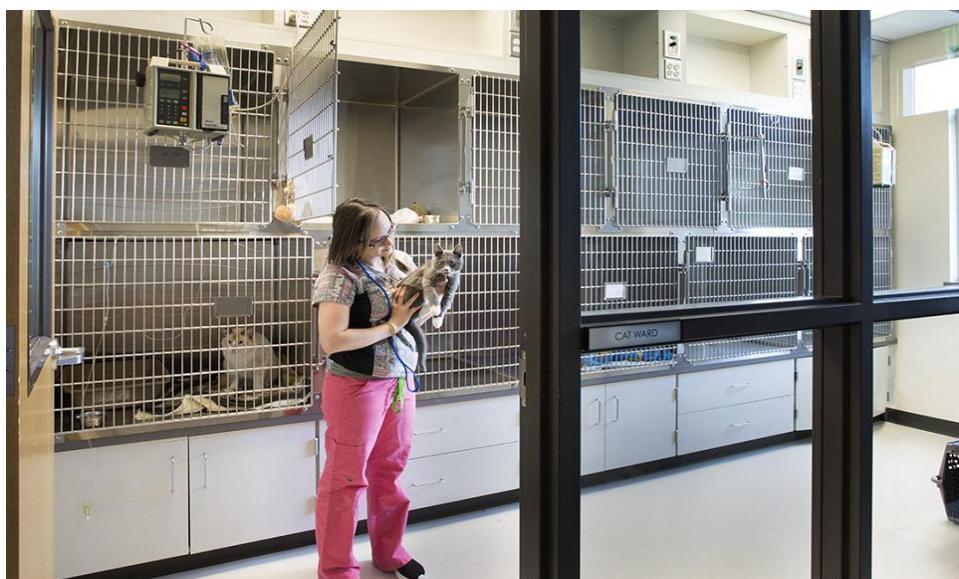
Housing sized for healthy dogs, with non-reflective side panels. Credit: Foto Imagery / Tim Murphy



Category 4: Facilities



Cat housing with non-reflective interiors, horizontal bars, and resting benches. Credit: Foto Imagery / Tim Murphy



Cat housing in a single-sided ward, with a view to the outside. Credit: Foto Imagery / Tim Murphy



Category 4: Facilities

Cautions

Horizontal bars should not be used for dogs as they can bite the bars and injure themselves.



Category 4: Facilities

OPTIONAL

4.10 Practice creates calming environments through lighting and sound engineering.

Practice must provide **at least one (1)** of the following sound and lighting strategies to foster Fear Free environments to attain the 60 points.

- Minimize phone ringer, pager and intercom volume
- Dimmable lighting in wards and exam rooms
- Natural light in animal wards and exam rooms
- LED lighting in animal wards
- Sound walls around exam, treatment, wards
- Sound reduction strategies (baffles, ceilings, etc.)
- Masking sound

Equipment and Supplies

May include but are not limited to:

- Dimmers on lighting fixtures
- Sound projection equipment for masking sound
- Wall baffles for reducing noise
- Visual paging equipment to reduce noise

Examples and Compliance Paths

Possible Compliance Paths for Sound Engineering

- Visual and/or vibrating paging systems or turn down phone and pager ringer volumes
- Sound walls around exam, treatment and wards:
 - o During the design of the hospital, walls around these spaces can be insulated with sound batt insulation and can be constructed full height with all penetrations sealed to reduce sound leakage between spaces.⁶
- Sound reduction strategies can include:
 - o High NRC (noise reduction coefficient) ceiling panels/tiles. These can be placed when the hospital is constructed or can be retrofitted after the hospital is in operation.⁷

⁶ Sound Transmission Class (STC) of sound walls should achieve 43 or greater, and the doors and windows within sound walls should achieve an STC of 35 or greater.

⁷ Choose cleanable products that achieve the noise reduction criteria. For example, ceiling products made for human hospitals are appropriate.



Category 4: Facilities

- Baffles added to walls or hard ceiling surfaces to reduce sound transmission. Choose baffles with an NRC of at least 1.0.
- Masking sound
 - Play classical music, music made for animals, audio-books, or use a white noise machine to mask background noises
 - Can be delivered through central speaker systems or simple sound systems in each room
 - Should be played at low volume (softly audible from a human perspective).

Possible Compliance Paths for Lighting Engineering

- Dimmable lighting in wards and exam rooms
 - Lighting is turned down in wards and examination environments when medically appropriate. For example, a healthy patient can be housed in a darker ward when medical observation is not required. Dimmable lighting can be added when the hospital is being constructed or it can be retrofit.
- LED lighting in animal wards:
 - LED lighting emits no buzzing or flickering common to fluorescent technologies. Use LED lighting when possible.
- Natural lighting in animal wards and exam rooms
 - Provide outside windows in animal wards and exam spaces when possible
 - Daylight can be brought into a space via skylight or tubular daylighting system and these can be retrofitted

Scoring

Observational



Category 4: Facilities

Photo Examples



Natural lighting in an examination room. Credit: Foto Imagery / Tim Murphy



Category 4: Facilities

OPTIONAL

4.11 Practice prevents noise and vibration within the building.

Practice must provide **at least one (1)** of the following to attain the 60 points.

- Isolation of mechanical equipment
- Non-audible clinic paging systems
- Prevention of unnecessary operational noise
- Sound-dampening materials used in patient housing

Equipment and Supplies

May include but are not limited to:

- Quiet casters for chairs
- Pads for placement under chairs
- Quiet latches and hinges for patient caging
- Sound dampening material for caging

Examples and Compliance Paths

- Isolation of mechanical equipment
 - o Dogs and cats hear much better than humans do. The range of hearing for dogs is approximately 20Hz to 50kHz, where cats can hear between 25Hz and 64kHz. In contrast, humans have a hearing range of 25Hz to 20kHz. Dogs and cats hear high-frequency noises that we're not aware of, and they may be distressed by low-frequency rumbling sounds. High- and low-frequency noises may be emitted by electronic equipment and motors and older fluorescent lighting. Demonstrate measures to prevent distressing high-frequency noise.
 - o Examples include but are not limited to:
 - Placing mechanical equipment such as pumps far away from patient housing and treatment areas.
 - Providing full-height sealed sound isolation walls around noisy mechanical equipment.
 - Locate rooftop air handling equipment away from patient housing areas.
 - If you have an older building, replace old fluorescent lighting with new LED lighting fixtures that do not emit buzzing.



Category 4: Facilities

- Prevent unnecessary operational noise
 - o Examples include but are not limited to:
 - Most manufacturers of animal caging carry quiet latches and hinges for their products. These can be specified with new cages or retrofitted to old ones. Use these products when possible to eliminate slamming and squeaking.
 - Use of quiet, regularly maintained clippers.
 - Put rubberized casters on chairs (rather than hard plastic ones) to prevent clattering when chairs are rolled over tile or other hard floor surfaces.
 - Place mats under rolling chairs to prevent noise.
 - Use non-audible paging systems.
 - Staff members refrain from shouting or playing loud music.
- Sound-dampening materials used in animal housing
 - o Examples include but are not limited to:
 - Older stainless-steel caging without sound dampening can be retrofitted to include sound dampening patches on their exteriors. This prevents banging.
 - Insulated or solid kennel panels to prevent noise.

Scoring

Observational



Category 4: Facilities

OPTIONAL

4.12 Practice provides healthier environments using mechanical techniques.

Practice must provide **at least of one (1)** of the following mechanical engineering techniques to foster a healthier indoor environment to attain the 50 points.

- Negatively pressurize ward spaces
- Achieve minimum air exchanges for wards
- Heated surfaces for patients

Equipment and Supplies

May include but are not limited to:

- Exhaust fans
- Air handling (mechanical) equipment
- Patient warming devices such as air warmers or water warmers
- Radiant heating of surfaces via hydronic or electric devices

Examples and Compliance Paths

- Negatively pressurized ward spaces
 - o Demonstrate via the building mechanical drawings that the patient wards are negatively pressurized, meaning that more air is removed than supplied. This prevents the spread of odors.
- Minimum air exchanges for wards
 - o More air must be exchanged in patient ward spaces than in office areas to comply with accepted animal health standards. At a minimum, 10 to 15 air changes per hour are generally required in animal housing areas. While this rule of thumb is a good start, using a cubic foot per minute (CFM) guideline may be more useful and create a more targeted approach:
 - Isolation wards should be exchanged at 40 CFM per animal.
 - Dog wards need 30 to 35 CFM per animal.
 - Cat cage wards need 35 to 40 CFM per animal.



Category 4: Facilities

- Heated surfaces for patients
 - o Radiant heating is used for patient comfort and is not intended to replace building heating systems. Radiant heating may be delivered a number of ways including: air or water patient warmers, radiant heating pads, or by hydronic or electric heating integrated into the floor slabs to the following locations:
 - Pre- and post-anesthetic patients runs and caging
 - ICU/CCU runs and caging
 - Examination, treatment, and surgery tables, including via electric radiant heating integrated with the table

Scoring

Observational

Cautions

If using caging with built-in radiant heating, always separate the patient from direct contact with the heated surface. This can be done with a platform provided by the supplier of the heated cage. Providing this separation will safeguard against the patient overheating.

For safety reasons, patients who are awake and alert should not have access to radiant heating pads or other plug-in devices.



Category 5: Community Education and Marketing

(no examples- intentionally left blank)



Category 6: Culture, Training and Leadership

MANDATORY

6.1 Practice maintains a mission statement that includes the core Fear Free principles.

Equipment and Supplies

Mission statement

Examples and Compliance Paths

Mission statement includes the following:

- Includes Fear Free core principles
- Is made available to staff
- Is reviewed regularly for relevancy

Scoring

Review of mission statement

Observation: when asked, staff know what mission statement is



Category 6: Culture, Training and Leadership

MANDATORY

6.2 The practice's new-hire orientation process must demonstrate inclusion of Fear Free definitions and goals.

Equipment and Supplies

May include but are not limited to:

- New hire orientation tools and documents
- CE log

Examples and Compliance Paths

New hire orientation program developed

- Includes Fear Free core concepts and key messages
- Includes Fear Free talking points
- Includes Fear Free definitions and goals

Scoring

Review of new-hire orientation program

Review of CE log



Category 6: Culture, Training and Leadership

MANDATORY

6.3 Standard operating procedures that affect patients and/or clients must include Fear Free principles.

Examples include commonly performed procedures such as restraint, ear cleaning, euthanasia, venipuncture, and imaging.

Equipment and Supplies

Determined by the procedure performed

Examples and Compliance Paths

SOPs are reviewed to insure Fear Free principles are incorporated:

- Include Fear Free core beliefs
- Include Fear Free techniques
- Written with Fear Free definitions and terminology

Scoring

Review all current SOPs



Category 7: Facilities

OPTIONAL

7.1 Pre-Visit Preparation

Staff show knowledge of and/or demonstrate appropriate use of instructions to pet owners on how to deliver a calm pet to the practice. Practice must achieve **at least nine (9)** of the following to attain the 90 points:

- Sharing any known FAS triggers with practice team members
- Reacquainting pet with carrier where appropriate
- Appropriately designed carriers for cats and small dogs (airflow, warming/cooling mats)
- Transporting pets in carriers with covers (towel, blanket, etc.) to reduce arousal
- Bring the pet in hungry/faasted – if medically and emotionally appropriate
- Options for pre-visit pheromone use
- Options for pre-visit pharmaceuticals
- Options for pre-visit nutraceuticals
- Sound comforting during transport – white noise or appropriate music
- Options for behavior management products e.g. compression garments
- Preparing the vehicle for a comfortable temperature
- Placement of pet in car, including non-slip surfaces

Equipment and Supplies

The following resource materials have been developed to support this standard:

- Fear Free Pre-Visit Client Questionnaire
- Fear Free Pre-Visit CSR FAS Phone Interview
- Fear Free Happy Homes: How to prepare your pet for a veterinary visit
- Fear Free Happy Homes: How to make the trip to the veterinary hospital Fear Free
 - o Electronic versions are available online in the Toolbox at www.fearfleepets.com
 - o Printed versions are available for purchase using the Fear Free on-line store at www.fearfleepets.com

Examples and Compliance Paths

Electronic communication

- Either at the point of scheduling the appointment or at the time an appointment reminder is sent, the CSR emails client the Fear Free Pre-Visit Client Questionnaire, Fear Free Happy Homes: How to prepare your pet for a veterinary visit, and Fear Free Happy Homes: How to make the trip to the veterinary hospital Fear Free handouts.



Category 7: Facilities

- Alternatively, if the practice's technology permits, the referenced forms can be made available on the practice website or as part of an online booking system and be immediately filled out online by the client. If that is the case, steps 2 and 3 can be skipped.
- In that email, the CSR asks client to return completed form via email prior to the appointment.
- If client complies and returns the form prior to the appointment and practice has electronic record keeping:
 - CSR to attach completed form to client's electronic record and/or
 - CSR to enter responses relating to the emotional health record into the system
 - CSR to create flag for veterinary team to review form prior to appointment
- If client does not comply and brings the form to the appointment and the practice has electronic record keeping:
 - CSR to scan and attach completed form to client's electronic record and/or
 - CSR to enter responses relating to the emotional health record into the system
 - CSR to hand form to veterinary team for review prior to the start of the appointment
- If client complies and returns the form prior to the appointment and practice does not have electronic record keeping:
 - CSR to print the filled-out form and add it to the client's file
 - CSR to create flag for veterinary team to review form prior to appointment
- If client does not comply and brings the form to the appointment and the practice has electronic record keeping:
 - CSR to hand form to veterinary team for review prior to the start of the appointment
 - CSR to ensure that form is kept in client's file after the appointment

Direct verbal communication

- Either at the point of scheduling the appointment, or at the time an appointment reminder call is made, the CSR uses the Fear Free Pre-Visit CSR FAS Phone Interview form to go through the questions with the client and note responses.
- If applicable, the CSR can point the client to the practice website to download the Fear Free Pre-Visit Client Questionnaire, Fear Free Happy Homes: How to prepare your pet for a veterinary visit, and Fear Free Happy Homes: How to make the trip to the veterinary hospital Fear Free handouts.



Category 7: Facilities

- If practice has electronic record-keeping:
 - o CSR to scan and attach filled out form to client's electronic record and/or
 - o CSR to enter responses relating to the emotional health record into the system
 - o CSR to create flag for veterinary team to review form prior to appointment
- If practice does not have electronic record keeping:
 - o CSR to add the completed form to the client's file
 - o CSR to create flag for veterinary team to review form prior to appointment
 - o CSR to ensure that form is being kept in the client's file after the appointment

Scoring

Review of medical records

Observational



Category 7: Facilities

OPTIONAL

7.2 Arrival At The Practice

Staff show knowledge of and/or demonstrated welcoming experiences consistent with the Fear Free philosophy.

Practice must achieve **at least seven (7)** of the following to attain the 90 points:

- Ensuring pet and people interactions in lobby are not contributing to FAS
- Option of moving pets directly into exam rooms
- Option of having pets wait in cars with owners when environmental conditions permit
- Option of specific hours for sensitive pets
- Fear Free scheduling to avoid bottlenecks and even the appointment flow
- Provide pheromone-impregnated bandanas/towels/cotton balls to patients upon arrival
- Minimize interruption in the exam room: minimize in and out flow of staff
- Minimize interruption in the exam room: minimize removal of patient from exam room for procedures unless medically indicated (e.g. imaging)
- Minimize interruption in the exam room: preparing room in advance with needed supplies

Equipment and Supplies

May include but are not limited to:

- Pheromones
- Towels, blankets, bandanas

Examples and Compliance Paths

See above

Scoring

Observational



Category 7: Facilities

OPTIONAL

7.3 Patient Records

Each patient has an emotional medical record which includes FAS scoring and client input.

Practice must achieve **at least three (3)** of the following to attain 80 points:

- The emotional medical record is reviewed when the client calls to schedule an appointment and appropriate direction is provided by staff to the client regarding patient transport and arrival at the practice to reduce FAS.
- The emotional record and FAS scores in the record are reviewed during the appointment and appropriate accommodations are made to minimize FAS.
- All observed FAS scores during the visit are recorded in the medical record.
- The client's input is sought and recorded as to how the client felt the patient was in terms of FAS during all aspects in which they are involved.

Equipment and Supplies

- Emotional Medical Record

Examples and Compliance Paths

See above

Scoring

Review Emotional Medical Record

Observational



Category 7: Facilities

OPTIONAL

7.4 Exam Room Experience

Staff show knowledge of and/or demonstrate appropriate use of Fear Free methods, protocols, and procedures during the outpatient exam.

Practice must achieve **at least seven (7)** of the following to attain the 90 points:

- Touch gradient, gentle control, distraction
- Use of high-value food treats or other distractors throughout the exam when appropriate
- Appropriate location of exam chosen by patient, such as table, floor, carrier, chair or lap towels
- Non-slip surfaces for examination, such as yoga mats, Fear Free exam tables or towels
- Application of considerate approach to allow patient to acclimate to staff member
- Calming music in the exam rooms
- Touch gradient used throughout exam
- Staff member responds appropriately to patient's body language
- For serial treatments or when distraction is not effective, practice recommends a Fear Free Animal Trainer, other aversive-free trainer, or depending on the level of FAS, a board certified veterinary behaviorist or CAAB

Equipment and Supplies

May include but are not limited to:

- High-value treats
- Other distractors such as brushes, toys, etc.
- Pheromones
- Non-slip mats (e.g. yoga mat, bath mat)
- Exam tables incorporating Fear Free design (e.g. stairs, ramps, heated surfaces)
- Calming music/sound

Examples and Compliance Paths

See above

Scoring

Observational



Category 7: Facilities

OPTIONAL

7.5 Inpatient Practice Experiences

Staff show knowledge of and/or demonstrate appropriate use of Fear Free methods, protocols, and procedures during inpatient care.

Practice must achieve **at least eight (8)** of the following to attain the 90 points:

- Visual blocks for cages such as hiding boxes, cage covers
- Visual blocks for patients receiving treatments such as curtains, barriers
- Masking noises in wards/housing facilities, such as white noise or calming music
- Non-slip flooring in cages and on treatment tables
- Application of calming techniques
- Tools for gentle control, such as toweling techniques, basket-type muzzles*
- Touch gradient during procedures and treatments
- Knowledge of pre-visit pharmaceuticals (e.g. trazodone, benzodiazepines, gabapentin)
- Knowledge of pre-visit nutraceuticals (e.g. alpha-casozepine, L-theanine)
- Knowledge of compression garments
- During stay, use high-value food items when appropriate to decrease FAS
- Thoughtful placement of patients to minimize FAS
- During stay, place familiar items from home such as bed, towels or favorite toys with patient and implement spot cleaning whenever possible

Equipment and Supplies

May include but are not limited to:

- Cage covers, boxes
- Curtains
- Noise masking
- Towels, basket-type muzzles*
- Pharmaceuticals
- Nutraceuticals
- Compression garments
- High-value treats and/or other distractors (toys, brushes, catnip)



Category 7: Facilities

Examples and Compliance Paths

See above

Scoring

Observational

*see previous notes on muzzles



Category 7: Facilities

OPTIONAL

7.6 Inpatient Procedures

Staff show knowledge of and/or demonstrate appropriate use of calming protocol and products that reduce FAS for in-patient procedures.

Practice must achieve **all three (3)** of the following bullets to attain 90 points.

- Staff demonstrate use of calming techniques and products during commonly performed procedures
- Staff demonstrate use of appropriate demeanor when in the presence of hospitalized patients
- If during a procedure a rise in FAS is noted due to staff abilities, steps are taken to reduce FAS by employing a more experienced staff member to complete that procedure

Equipment and Supplies

May include but are not limited to:

- High-value treats and/or other distractors
- Compression garments

Examples and Compliance Paths

Staff show knowledge of and/or demonstrate appropriate use of calming protocol and products that reduce FAS during in-patient procedures, such as the following:

- IV placement and removal
- Lidocaine cream or gel
- Adhesive remover (e.g. mineral oil, adhesive and bandage remover products)
- Radiology
- Sample collection
- Surgical preparation and recovery
- Other commonly performed procedures

Scoring

Observational



Category 7: Facilities

OPTIONAL

7.7 Travel From Practice To Home

Staff show knowledge of and/or demonstrate appropriate delivery of instructions to clients regarding how to transport patient home calmly.

Practice must achieve **at least five (5)** of the following to attain 70 points:

- Where applicable, guidance is provided to clients regarding reduction of FAS on arrival home
- Efforts are made to send clients home prepared for the next visit
- Efforts are made to discuss the reintegration of patients back into multi-pet households where applicable
- When patient being discharged has been sedated, anesthetized or is compromised by a mechanical device, clear instructions are provided to client, regarding what to avoid so patient is not injured and so that FAS score does not increase (e.g. not to leave on a bed, by stairs, near pool)
- Knowledge of medications, nutraceuticals and pheromones that might be used to introduce patient back into the household and reduce FAS
- Upon release the owner is provided with instructions and contact information if they cannot reduce FAS once home and need to get further advice
- Proper instructions are provided, and staff confirm that client knows how to administer medications or treatments at home using Fear Free compatible techniques

Equipment and Supplies

May include but are not limited to:

- Pharmaceuticals
- Nutraceuticals
- Pheromones
- Handouts

Examples and Compliance Paths

See above



Category 7: Facilities

Scoring

Clinic handouts, instruction sheets

Observational



Category 7: Facilities

OPTIONAL

7.8 General

Clients are made aware of Fear Free tools and techniques.

Practice must achieve **both** bullets indicated below to attain 80 points:

- Fear Free efforts are communicated throughout the practice visit
- Fear Free tools are accessible throughout the exam experience

Equipment and Supplies

May include but are not limited to:

- Fear Free client brochures
- Fear Free client-specific handouts
- Fear Free veterinary resources handouts
- Fear Free Happy Home information

Examples and Compliance Paths

See above

Scoring

Observational