

# 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 at us at [wags@fearfreepets.com](mailto:wags@fearfreepets.com).

# FEAR FREE PRACTICE CERTIFICATION

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## **Category 1: Physical and Emotional**

### **MANDATORY**

**1.3 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.**

- Team members should choose a calm and quiet environment for procedures.
- Team members should allow adequate time for the animal to acclimate to the environment.
- When restraint/stabilization is needed, it should be of the least intensity and duration.
- 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.
- PVN, PVP, and sedatives are used when appropriate to alleviate FAS and increase patient and team member safety.
- Scruffing of cats is not permitted.
- “Box” or “tank” anesthetic induction is not permitted.

### *EQUIPMENT & SUPPLIES*

- May include but are not limited to:
  - Nonslip surfaces
  - Blankets and towels to assist with stabilization and provide hiding places
  - Humane traps (e.g. clamshell net) for capture of fearful cats for sedation
    - Use of “cat gloves” should be a rare occurrence (e.g. to safely restrain patient for injectable sedation), the same way a human trap might be used.
    - Review Level 2 Module 2 “Cat Emergency Sedation” for alternatives.
  - Basket-type muzzles are preferred
    - They provide safety but still allow mouth breathing, panting, and taking treats.
    - Avoid nylon or noose-type muzzles that hold the mouth shut or those that restrict opening of mouth. If necessary, use them only for quick procedures. They should never be left on patients when hospitalized.
    - The Canine Friendly Short Snout Dog Muzzle (or equivalent) may be more appropriate, as determined by the dog’s facial phenotype.
- PVN, PVP, sedatives, analgesics
- Treats, toys, brushes, or other grooming objects to help with lowering FAS

**Category 1: Physical and Emotional**



Towel wrap technique for restraint (Credit: Sophia Yin)



Basket muzzle being utilized



Canine Friendly Short Snout Dog Muzzle



## **Category 1: Physical and Emotional**

### **MANDATORY**

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

- Treatment options include calming techniques, pheromones, supplements, and medication to reduce or eliminate mental suffering or distress.
- Medical record is updated to show cause of incident, intervention, and results of intervention.
- Example:
  - A hospitalized or boarded pet that is persistently vocalizing may be moved to an area of the practice that is quieter and has less traffic flow.
  - Provide pheromone-treated bedding.
  - Provide nutraceuticals or sedatives to alleviate FAS.



## **Category 1: Physical and Emotional**

### **MANDATORY**

**1.6 A pain score is recorded for all patient visits with a veterinarian and at least once daily for hospitalized patients.**

#### **Resources include but are not limited to:**

- Colorado State University's Canine and Feline Acute Pain Scale
- Glasgow Feline Composite Measure Pain Scale - CMPS-Feline
- 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
- Veterinary Anesthesia & Analgesia Support Group - <http://www.vasg.org/>
- <http://animalpain.com.br/en-us/>

### **MANDATORY**

**1.8 Appropriate pain management is provided for the level of occurring and/or expected pain.**

*See Resources listed above for 1.6*

- 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 PREEMPTIVELY.
  - Examples include but are not limited to:
    - A patient that presents for lameness evaluation
    - Cystocentesis for a patient with history of hematuria, dysuria, pollakiuria, etc.
    - Microchip placement in an awake patient
    - Otitis externa



## **Category 1: Physical and Emotional**

### **MANDATORY**

**1.9a FAS assessment and documentation is a part of all patient visits.**

**1.9b Changes in FAS scores (increase/decrease), the corresponding interventions, and the results of said interventions are recorded in the medical record (MR).**

- All team members must be capable of recognizing and scoring FAS.
- Fear Free FAS Scale
- Fear Free FAS Spectrum – Canine & Feline
- Fear Free Feline FAS Sedation-Pain Algorithm (Level 3, Module 1)
- Fear Free Canine FAS Sedation-Pain Algorithm (Level 3, Module 1)
- Example: Nail Trim – FAS 4 – returned to FAS 2 w/whip cream ice cream cone





## **Category 1: Physical and Emotional**

### **MANDATORY**

**1.10a An SOP for preventing and alleviating FAS must be in place to support patients upon arrival at the practice.**

#### **Basic SOP Format: Procedure, Responsible Team Members, Equipment/Supplies, Procedural Steps**

##### **Example:**

Procedure: Pheromone support supplied to patients upon arrival to the practice to help prevent and alleviate FAS

Responsible Team Members: CSRs

Equipment/Supplies: canine & feline pheromones, assorted sizes of bandanas for dogs, towels for cats

##### Procedural Steps:

The daily appointment schedule is reviewed. The anticipated necessary bandanas and towels for morning appointments are treated with canine and feline pheromones upon arrival. For afternoon appointments, they are treated 15 minutes before the first appointment of the afternoon is expected.

When a canine patient arrives, the owner will be handed an appropriately sized pheromone-treated bandana and instructed to allow the dog to sniff it before securing it comfortably around the dog's neck. If this results in a rise in FAS, the owner will be advised to discontinue placing the bandana.

When a feline patient arrives, the owner will be instructed to place the carrier on the "cat parking" elevated platform and to partially cover the carrier with the pheromone-treated towel. Partial coverage provides the cat with the choice to either hide or observe his/her surroundings.



## **Category 1: Physical and Emotional**

**1.10b An SOP for preventing and alleviating FAS must be in place to support patients during the visit at the practice.**

### **Example:**

Procedure: To minimize entrances and exits, exam rooms are prepared with all anticipated supplies.

Responsible Team Members: Veterinary Nurses

Equipment/Supplies: May include but are not limited to handling tools (e.g. basket muzzles, towels, treats, toys), sampling supplies (e.g. needles, syringes, butterfly catheters, blood collection tubes), vaccines, and diagnostic equipment (e.g. doppler, Tonopen, Wood's Lamp).

### Procedural Steps:

Each morning and mid-day before appointments begin, supplies of items routinely kept in exam rooms are monitored and re-stocked as needed. These include but may not be limited to species-appropriate pheromone diffusers, treats, toys, catnip, towels, cotton balls, cotton swabs, paper towels, cleaning supplies, water bowls, and litter boxes. Trash cans are also to be emptied at these times.

For each appointment, the reason for the patient visit is reviewed and anticipated equipment & supplies are gathered.

If additional supplies are needed, exits and re-entries are made slowly and quietly.



## **Category 1: Physical and Emotional**

**1.10c An SOP for preventing and alleviating FAS must be in place to support animals during checkout from the practice.**

### **Example:**

Procedure: To prevent and alleviate FAS during checkout, discharge instructions are reviewed, and payment is collected without pet needing to wait in the reception area.

Responsible Team Members: DVMs, Veterinary Nurses, CSRs

Equipment/Supplies: May include but are not limited to PVN/PVP, FAS management tools, medications, written discharge instructions, other applicable handouts (e.g. Fear Free Happy Homes: How to Pill your Pet with Kindness, How to Manage a Fear Free Return Home)

### Procedural Steps:

Checkout should occur in the exam room or a quiet, distraction-free space.

The DVM or nurse will review any discharge instructions, including but not limited to nutraceutical or prescription instructions and information, test results, and, if applicable, re-integration of patient to a multi-pet household. Written discharge instructions will also be provided.

The CSR will collect payment for the visit in the same space.

Alternatively, if there is more than one owner, one can wait outside or in the car with the pet while the other owner receives the discharge instructions and provides payment.



## **Category 1: Physical and Emotional**

### **MANDATORY**

**1.11a If training and/or behavior modifications are provided at the practice, either by a team member or an outside provider, techniques must be free from aversives and adhere to scientific principles for humane handling.**

**1.11b If the practice refers clients to a trainer in the community, the trainer's techniques must be free from aversives and adhere to scientific principles for humane handling. Firsthand experience is HIGHLY recommended.**

- Aversives include confrontational or frightening human-pet interactions. Examples are physical corrections, such as jerking leashes or swatting; verbal reprimands, such as shouting “No!”; startling stimuli, such as spray bottles, air horns, shake cans, or ultrasonic devices; and training tools like prong, pinch, choke, electric stimulation (shock), and citronella collars.<sup>1</sup>
- Fear Free highly recommends you have recent, firsthand experience with any trainer you recommend.

### **Resources include but are not limited to:**

- Fear Free Podcast: “Why Trainers & Veterinary Professionals Should Work Together”
- Fear Free Webinar: “There are no Fear Free trainers near me – how do I meet the trainer standards?”
- AAHA Canine and Feline Behavior Management Guidelines
- <https://cdn.ymaws.com/www.dacvb.org/resource/resmgr/docs/How-to-select-a-trainer-vet.pdf>
- <https://spca.bc.ca/wp-content/uploads/AnimalKind-Dog-Training-Standards.pdf>
- <https://positively.com/dog-training/find-a-trainer/how-to-choose-a-good-dog-trainer/>
- <https://apdt.com/resource-center/how-to-choose-a-dog-trainer/>
- AVSAB Position Statements
- <https://www.dacvb.org/page/vetresources>: Helpful Information and Articles: How to Select a Trainer – A Guide for Owners, A Guide for Veterinarians

<sup>1</sup> Debbie Martin, LVT, VTS-Behavior, used with permission



## **Category 1: Physical and Emotional**

### **MANDATORY**

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

- Insulin needles are exempt in that they cannot be replaced once insulin or other medication has been drawn up. Insulin syringes are to be disposed of after one use.
- Syringes used to deliver anything by mouth (e.g. food, water, medication) may be used more than once for the same patient, provided they are able to deliver the contents smoothly, efficiently, and safely.

**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 should be distracted by extremely 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 yellow 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!



## **Category 1: Physical and Emotional**

- Once the pet is 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. 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 (EMR) 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.



## **Category 1: Physical and Emotional**

### **MANDATORY**

**1.14 Patients and/or pets in boarding are given enough space to eliminate in a different area than their resting area and/or taken outside to eliminate at least 4 times in 24 hours.**

- If a practice is unable to take a pet out 4 times in a 24-hour period, then the housing must be large enough to allow the pet to relieve him or herself and have enough room to lie down without lying in the soiled area.
- Feline housing must have enough room to accommodate an elevated resting platform as well as a litter box.
- Cats observed to be resting in a litter box due to lack of space or other options may result in failing to meet this standard.

#### **Resources include but are not limited to:**

- <https://indoorpet.osu.edu/sites/indoorpet/files/assets/documents/CageSetUpPoster.pdf>
- [https://indoorpet.osu.edu/sites/indoorpet/files/assets/documents/handouts/Environmental\\_Enrichment\\_for\\_Confined\\_Cats\\_512.pdf](https://indoorpet.osu.edu/sites/indoorpet/files/assets/documents/handouts/Environmental_Enrichment_for_Confined_Cats_512.pdf)

### **MANDATORY**

**1.15 Patients and/or pets in boarding are regularly provided with positive daily social interactions with people, opportunities for exercise are given, and enrichment is provided. Caregivers should be assigned to care for the same animals on a regular basis whenever possible.**

#### *Enrichment may include but are not limited to:*

- One-on-one time with team members
- Time outside of housing
- Food puzzles
- Toys
- Catnip
- Blowing bubbles
- TV
- Music

#### **Resources include but are not limited to:**

- Fear Free Webinar: Care of Hospitalized and Boarding Patients
- Fear Free Boarding Checklist and Consent Form (Level 2)
- Fear Free Pet Boarding Client Handout (Level 2)



## **Category 2: Client Education**

### **MANDATORY**

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

- “Other” may include:
  - Another Fear Free Toolbox item
  - Information from Fear Free Happy Homes
    - If converted into a physical handout, it must include the weblink to the article.
  - Practice-produced piece
    - Must be uploaded for review
- The same Fear Free client education piece does not have to be in the exam rooms and waiting area. For example, the practice may display a Fear Free seasonal infographic in the lobby and the Fear Free FAS scale in the exam room.
- ALL team members must be able to locate all material.

### **MANDATORY**

**2.2 The practice provides TAKE-HOME client education materials about Fear Free veterinary care, Fear Free Happy Homes, and FAS.**

- “Other” may include:
  - Another Fear Free Toolbox item
  - Information from Fear Free Happy Homes
    - If converted into a physical handout, it must include the weblink to the article.
  - Practice-produced piece
    - Must be uploaded for review
- Fear Free take-home client education may be provided via physical handout or digitally.
  - Digital format is acceptable if a specific weblink or file (e.g. PDF) is provided to the client.
  - It is highly recommended that if a weblink is provided, the client is emailed or texted said link so he/she does not have to type it into his/her web browser.
  - Verbal communication of “it’s on our website” or “Google xyz” is not enough to meet this standard.
- ALL team members must be able to locate all material.





## **Category 2: Client Education**

### **OPTIONAL**

#### **2.3 The practice provides Fear Free compliant client education.**

- Client education may be provided via physical handout or digitally.
  - Digital format is acceptable if a specific weblink or file (e.g. PDF) is provided to the client.
  - It is highly recommended that if a weblink is provided, the client is emailed or texted said link so he/she does not have to type it into his/her web browser.
  - Verbal communication of “it’s on our website” or “Google xyz” is not enough to meet this standard.
- ALL team members must be able to locate all material.

*Examples include but are not limited to:*

#### **Canine Socialization**

- <https://fearfreehappyhomes.com/socialize-new-dog-puppy/>
- That Dog Geek – Beacon Dog Training:  
[https://www.youtube.com/channel/UC\\_mAuMGvtqi2LfeyTWUHcJA](https://www.youtube.com/channel/UC_mAuMGvtqi2LfeyTWUHcJA)
- FF Canine Bingo
- “5 Secrets to a Well-Adjusted New Puppy” by Kathryn Primm, DVM
- AVSAB Position Statement on socialization
- [https://www.whole-dog-journal.com/issues/20\\_5/features/Puppy-Socialization-Guide\\_21638-1.html](https://www.whole-dog-journal.com/issues/20_5/features/Puppy-Socialization-Guide_21638-1.html)

#### **Feline Socialization**

- <https://fearfreehappyhomes.com/how-to-set-your-kitten-up-for-success/>
- <https://fearfreehappyhomes.com/teach-kittens-gentle-play-yes-you-can/>
- <https://fearfreehappyhomes.com/emotional-rescue-how-play-meets-needs-of-young-cats/>
- “5 Secrets to a Well-Adjusted New Kitten” by Kathryn Primm, DVM (DVM 360)
- <https://www.americanveterinarian.com/news/the-educated-client-kitten-socialization-made-easy/>

#### **Puppy and/or Adult New Dog Housetraining**

- <https://fearfreehappyhomes.com/housetraining-problem-solving/>
- <https://fearfreehappyhomes.com/housetrain-new-dog-puppy-10-tips/>
- <https://fearfreehappyhomes.com/9-tips-to-housetrain-your-puppy-or-adult-dog/>

#### **Litter Box Training and Care**

- <https://fearfreehappyhomes.com/cat-litter-science-why-to-let-your-cat-choose/>
- <https://indoorpet.osu.edu/cats/basicneeds/litter-boxes>
- <https://catfriendly.com/cat-care-at-home/litter-box/>



## **Category 2: Client Education**

### **Feline Scratching**

- <https://fearfreehappyhomes.com/scratch-that/>
- <https://fearfreehappyhomes.com/clawful-behavior/>
- <https://fearfreehappyhomes.com/an-introduction-to-feliscratch/>
- <https://catfriendly.com/cat-care-at-home/living-clawed-cat/>
- “It’s natural for cats to scratch” AAFP client handout
- <https://indoorpet.osu.edu/cats/basicneeds/scratching>

### **Meeting the Environmental Needs of Indoor Cats**

- <https://fearfreehappyhomes.com/to-make-cats-happy-offer-choices-enrichment/>
- <https://fearfreehappyhomes.com/beat-feline-boredom-with-3-fun-cat-games/>
- <https://indoorpet.osu.edu/cats/basic-indoor-cat-needs>
- <https://catfriendly.com/cat-care-at-home/what-your-cat-needs-to-feel-secure/>
- ‘Your Cat’s Environmental Needs’ AAFP Client Handout
- <https://catfriendly.com/cat-care-at-home/indoor-vs-outdoor/>
- <https://fearfreehappyhomes.com/zoom-zoom-agility-training-gets-cats-off-the-couch/>
- <https://fearfreehappyhomes.com/exercise-cat-feed-time/>
- <https://fearfreehappyhomes.com/5-games-puzzles-keep-cats-mentally-physically-challenged-2/>
- <https://fearfreehappyhomes.com/enrich-cats-life-art-connecting-cat/>
- <https://fearfreehappyhomes.com/emotional-rescue-how-play-meets-needs-of-young-cats/>
- <https://fearfreehappyhomes.com/five-cat-toys-you-can-make-in-less-than-five-minutes/>
- <https://fearfreehappyhomes.com/cat-enrichment-products-top-5/>
- <https://fearfreehappyhomes.com/low-cats-need-way-physical-space/>
- <https://fearfreehappyhomes.com/catio-life/>

### **Canine Crate Training AND Feline Carrier Acclimation Training AND Feline Carrier Acclimation Training**

- <https://fearfreehappyhomes.com/welcome-home-crate-train-new-dog-puppy/>
- <https://fearfreehappyhomes.com/setting-routines-schedules-new-dog-puppy/>
- <https://positively.com/dog-behavior/puppy-knowledge/puppy-housetraining/crate-training/>
- Karen Pryor Academy’s Positive Crate Training Guide
- <https://fearfreehappyhomes.com/cat-carrier-follies-help-cats-learn-love-carriers/>
- <https://fearfreehappyhomes.com/cat-carrier-follies-help-cats-learn-love-carriers/>



## **Category 2: Client Education**

- [http://catalystcouncil.org/resources/health\\_welfare/cat\\_carrier\\_video/](http://catalystcouncil.org/resources/health_welfare/cat_carrier_video/)
- Cat Carrier Training with Dr. Jacqui Neilson
  - [https://www.youtube.com/watch?feature=player\\_embedded&v=V5a19du2BjA](https://www.youtube.com/watch?feature=player_embedded&v=V5a19du2BjA)
  - [https://www.youtube.com/watch?feature=player\\_embedded&v=b6Bz6K6HqXg](https://www.youtube.com/watch?feature=player_embedded&v=b6Bz6K6HqXg)
- <https://catfriendly.com/be-a-cat-friendly-caregiver/cat-carriers/>
- <https://catfriendly.com/be-a-cat-friendly-caregiver/cat-carrier-mistakes-avoid/>
- Getting Your Cat in the Carrier for Your Next Vet Exam Feliway® Client Information Series (by Ceva)

### **How to Select a Trainer AND Training Resources**

- <https://www.dacvb.org/page/dogs>
- AVSAB Position Statement: How to Choose a Trainer
- Team Education in Animal Behavior: <https://www.teamanimalbehavior.com/online-courses/>
- Lori Nanan: Fetching Canine Education + Solutions: <https://lorinanan.com/all-courses/>
- Kristi Benson Dog Training: <http://www.kristibenson.com/online-courses/>
- <https://positively.com/dog-training/myths-truths/>
- Dog Training by Kikopup - <https://www.youtube.com/user/kikopup>
- The Family Dog: <https://www.thefamilydog.com/>
- Dr. Ian Dunbar: <https://www.dunbaracademy.com/>

### **Training Resources - Books:**

- Puppy Start Right: Foundation Training for the Companion Dog  
By Debbie Martin RVT, VTS (Behavior), CODT-KA, KPA-CTP, and Kenneth M. Martin, DVM, DACVB
- Perfect Puppy in Seven Days: How to Start Your Puppy Off Right  
by Sophia Yin, DVM, MS
- Decoding Your Dog: Explaining Common Dog Behaviors and How to Prevent or Change Unwanted Ones  
by Debra Horwitz, DVM, DACVB, John Ciribassi, DVM, DACVB, and Steve Dale, CABC
- The Other End of the Leash  
by Patricia McConnell, PhD
- From Fearful to Fear Free: A Positive Program to Free Your Dog from Anxiety, Fears, and Phobias  
Drs. Marty Becker, DVM, Lisa Radosta, DVM DACVB, Dr. Wailani Sung, PhD, DVM, DACVB and Mikkel Becker, KPA, CTP, CBCC-KA, CDBC, CPDT-KA, CTC



## **Category 2: Client Education**

### **Muzzle Training**

- Fear Free Happy Homes: Keep Calm and Muzzle On
- <https://muzzleupproject.com/muzzle-training/>
- <https://www.maddiesfund.org/basket-muzzle-training.htm>
- Dog Training by Kikopup: <https://www.youtube.com/watch?v=KJTucFnmAbw>
- <https://bestfriends.org/resources/muzzle-training-dog-training-plan>

### **Nail Trims & Grooming**

- <https://fearfreehappyhomes.com/nail-anatomy-101-keep-trims-safe-not-scary/>
- <https://fearfreehappyhomes.com/how-to-trim-puppy-nails-without-a-fuss/>
- <https://fearfreehappyhomes.com/8-steps-fear-free-nail-trims-cat/>
- <https://www.youtube.com/watch?v=gAzup4LwIVo>
- Video series:
  - Part 1 [https://www.youtube.com/watch?time\\_continue=1&v=8vo2jtVXBsc](https://www.youtube.com/watch?time_continue=1&v=8vo2jtVXBsc)
  - Part 2 [https://www.youtube.com/watch?time\\_continue=6&v=08qcMc1GqrM](https://www.youtube.com/watch?time_continue=6&v=08qcMc1GqrM)
  - Part 3 [https://www.youtube.com/watch?time\\_continue=2&v=-2Pab8L1ZWE](https://www.youtube.com/watch?time_continue=2&v=-2Pab8L1ZWE)
- Donna Hill: <https://www.youtube.com/watch?v=6JTKrJ2sVGo>
- Please note: The following is NOT considered an acceptable option for CLIENT EDUCATION:
  - [https://drsophiayin.com/videos/entry/training\\_a\\_dog\\_to\\_enjoy\\_toenail\\_trims/](https://drsophiayin.com/videos/entry/training_a_dog_to_enjoy_toenail_trims/)
  - While this video may be useful to a veterinary professional, it is highly unlikely an owner will have the skill needed to handle a dog (or cat) with this high a level of FAS.
- <https://fearfreehappyhomes.com/make-brushing-a-pleasurable-experience-one-cats-story/>
- <https://fearfreehappyhomes.com/taming-the-longhairs-locks-2/>
- <https://fearfreehappyhomes.com/brush-longhaired-dog/>
- <https://fearfreehappyhomes.com/12-tips-caring-senior-dogs-coat/>

### **Ear Care (cleaning, medicating)**

- <https://fearfreehappyhomes.com/stop-ear-fear-help-pets-stay-calm-ear-care/>
- All Pets Education & Training:  
<https://www.youtube.com/watch?v=dAlVo4aXVYg&list=PLniRZehYiNIH0BEDnrNt-8drNyJ0xpH0c&index=2&t=0s>
- <http://veterinarymedicine.dvm360.com/fear-free-veterinary-training-tip-feline-ear-cleaning>  
(Mikkel Becker)



## **Category 2: Client Education**

### **Environmental Enrichment for Activity-Restricted Pets**

- No Walks? No Worries!: Maintaining wellbeing in dogs on restricted exercise by Siân Ryan and Helen Zulch
- Crate Rest Activities for Dogs after Back, Hip, Leg Injuries, ACL or TPLO, Heartworm treatment: <https://www.youtube.com/watch?v=YfL99xcEpXc&feature=youtu.be>

### **Chronic Health**

Why do these meet this standard? They address the fact that pain control and sedation are part of the treatment, both of which help prevent & alleviate FAS

- <http://veterinarybusiness.dvm360.com/client-handout-what-do-about-miserable-itch>
- [http://files.dvm360.com/alfresco\\_images/DVM360//2015/12/11/13e2172b-6ac5-4c5e-af64-36ccbdc942fd/miserable\\_itch-AJF.pdf](http://files.dvm360.com/alfresco_images/DVM360//2015/12/11/13e2172b-6ac5-4c5e-af64-36ccbdc942fd/miserable_itch-AJF.pdf)
- [http://www.dvm360.com/sites/default/files/images/pdfs-for-alfresco-articles/Hot\\_spot\\_handout.pdf](http://www.dvm360.com/sites/default/files/images/pdfs-for-alfresco-articles/Hot_spot_handout.pdf)

### **Senior and/or Geriatric Patient Care**

- <https://fearfreehappyhomes.com/category/explore/senior-pets/>
- <https://fearfreehappyhomes.com/helping-your-senior-cat-2/>
- <https://dogdementia.com/enrichment-toys-for-senior-dogs/>
- <https://catfriendly.com/cat-care-at-home/senior-care/>

### **Palliative/Hospice Care and/or Euthanasia**

- <https://fearfreehappyhomes.com/hospice-care-what-to-know-about-quality-of-life/>
- <https://fearfreehappyhomes.com/hospice-helps-dogs-and-humans-cope-with-end-of-life/>
- <https://fearfreehappyhomes.com/feline-hospice-offers-a-fearfree-path-to-a-lifes-end/>
- <https://veterinarypartner.vin.com/default.aspx?pid=19239&id=4951966>
- <http://pet-loss.net/>
- <http://petloss.com/>



### **Category 3: Medical Records**

#### **MANDATORY**

**3.1 The practice maintains an Emotional Medical Record (EMR) for all patients. The information in the Fear Free EMR template must be included at minimum. The recording method should be standardized, easy to find in the MR, and used by all team members.**

- If there is no choice of healthcare provider (e.g. single-veterinarian practice, only male or only female veterinary team), “not applicable” is an acceptable option.
- The EMR should be updated accordingly with each patient visit.
- See Updated 2019 Fear Free EMR

#### **MANDATORY**

**3.2 The practice has a Fear Free Pre-Visit Questionnaire (PVQ) that is completed for each patient. It is updated as needed (ideally at least every 12 months). All applicable information from the PVQ is incorporated into the patient's EMR. A practice may use their own PVQ, but it must include the questions in the Fear Free PVQ.**

- Steps to ensure client completion of PVQ could include emailing it to client when the appointment is scheduled, making it available for download on the practice website, and completing it upon arrival at the practice.
- The PVQ does not need to be re-done for each and every patient visit. Like the client contact information, it should be reviewed and updated as needed (ideally at least every 12 months). For example, a dog or cat may not initially experience travel/motion sickness, but this is something that could develop over time.
- See Updated 2019 Fear Free PVQ

#### **Mandatory**

**3.3 The practice has documented all applicable FAS scores in the medical record (MR). This includes changes in FAS scores (increase/decrease), the corresponding interventions, and the results of said interventions. The recording method should be standardized, easy to find in the MR, and used by all team members.**

- Practice should use the Fear Free FAS scale.
- It is expected that the patient’s FAS score will change throughout the visit. Body language should be monitored continuously, and adjustments should be made accordingly. It is not unlike monitoring the vital signs of an anesthetized patient.
- Example: *FAS increased to 4 with blood draw but was able to reduce to 2 with chicken baby food*

## **Category 4: Facilities**

### **MANDATORY**

**4.2 Unless medically contraindicated, feline housing includes an elevated resting platform and/or the ability to hide.**

- Hiding is a critical coping strategy for cats and all efforts should be made to provide cats with this option. Even cats with IV or urinary catheters can potentially have half of the front of their enclosures blocked with a curtain.
- The cat's carrier, a cardboard box, or a plastic stool are all options that provide both an elevated resting platform and a place to hide.
- The Fear Free closed Facebook group is another place to get great ideas!

'Bug'







## Category 4: Facilities

### MANDATORY

#### 4.3 Practice provides at least two (2) of the following:

*Note: Not all options for this standard are featured here.*

#### Outdoor exam space for dogs

Hardin Valley Animal Hospital - Knoxville, TN	Country Oaks Pet Hospital - Sacramento, CA
	 <p data-bbox="1084 1108 1432 1136">Our zen garden with a water fountain</p>

#### Platform for cat carriers in reception area and/or exam rooms

VCA Central Kitsap Animal Hospital - Silverdale, WA	
	





## Category 4: Facilities

### **Nonslip flooring in patient care areas (exam, treatment, radiology, etc.)**

- Nonslip flooring should provide a coefficient of friction (COF) of 0.5 or greater.
- Ensure that the flooring maintains at least this level when wet or dry.
- Increasing static COF 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:
  - **Safety sheet vinyl floors.** Many of these achieve a COF of a 0.8 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 it can be used in offices, reception, and exam rooms.
  - **Rubber flooring.** This 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 nonslip surface.

### **Design options for Considerate Approach and Gentle Control**

#### **Loyal Companions - St. Charles, IL**





## **Category 4: Facilities**

**North Shore Veterinary Hospital - Duluth, MN**



**Outdoor views from exam rooms for cats**

**Applebrook Animal Hospital - Ooltewah, TN**





## **Category 4: Facilities**

### **OPTIONAL**

#### **4.6 Separate species in reception area.**

- Separate waiting rooms are ideal for dogs and cats to reduce anxiety for each species. This may be achieved with a wall or partial divider.
- For hospitals that cannot physically separate dogs and cats, a visual block may be erected between dog and cat areas of the waiting room. 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: the most extreme of the species separation. This is ideal for dogs and cats but may not be an ideal solution for all types of practices.

### **OPTIONAL**

#### **4.7 Reduce wait times for patients in reception.**

- Alternative Check-In Methods
  - 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 exam 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 exam room is ready.
- Covered Outdoor Waiting Areas
  - Provide a covered waiting porch to be used in pleasant weather.
- Alternative Access into the Building
  - 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.
- Ensure the method(s) used are safe for clients and patients.



## **Category 4: Facilities**

### **OPTIONAL**

#### **4.10 Steps are taken and SOPs are in place to improve the olfactory experience.**

*Note: Not all options for this standard are featured here.*

#### **Team members that have contact with patients and/or pets have a change of clothes at the practice**

- Review Fear Free Certification Program Module 5, slide 1.21

#### **SOP: Spot Cleaning of Housing**

- Patients benefit from being around their own odors.
- Spot cleaning of animal housing is preferred unless the enclosure has become too soiled for this to be reasonable.
- E.G.: <https://www.aspcapro.org/resource/video-how-spot-clean-cat-kennels>

#### **SOP: Prevention of Nose Blindness**

- Prevent “nose blindness” in patients by using effective but gentle cleaning chemicals.
- 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.



## **Category 4: Facilities**

### **OPTIONAL**

#### **4.11 Reduce stress for patients and/or pets in a ward setting.**

*Note: Not all options for this standard are featured here.*

**Provides non-reflective surfaces in patient and/or pet housing**

<b>VCA Animal Wellness Center - Maple Grove, MN</b>	
	



## **Category 4: Facilities**

**If bars are present on the doors of cat housing, they are horizontal**

- Horizontal bars are easier to use for hanging towels to hide and can also provide unobstructed views when the cats want to look out.
- Horizontal bars should not be used for dogs as they can bite the bars and injure themselves.



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



## **Category 4: Facilities**

### **Fear Free dimensions for patient housing**

#### **FELINE**

- 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 3 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 4-foot-long housing unit.<sup>1</sup>
- Additional information about modifying existing structures can be found here:  
<http://www.sheltermedicine.com/library/resources/cat-portals-order-information-and-instruction-for-installation>

#### **CANINE**

- 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 dog<sup>2</sup>.
- 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.

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<sup>1</sup> 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.

<sup>2</sup> The hospital may intentionally restrict movement when medically required, such as in post-surgical situations.



## **Category 4: Facilities**

### **OPTIONAL**

#### **4.12 Practice creates calming environments using lighting and sound engineering techniques.**

*Note: Not all options for this standard are featured here.*

##### **Sound walls around exam, treatment, wards**

- 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.<sup>3</sup>

##### **Sound-reduction strategies (baffles, ceilings, etc.)**

- High noise-reduction coefficient (NRC) ceiling panels/tiles. These can be placed when the hospital is constructed or can be retrofitted after the hospital is in operation.<sup>4</sup>
- Baffles added to walls or hard ceiling surfaces to reduce sound transmission. Choose baffles with an NRC of at least 1.0.

##### **Masking sound**

*Examples include but are not limited to:*

- 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)

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<sup>3</sup> 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.

<sup>4</sup> Choose cleanable products that achieve the noise reduction criteria. For example, ceiling products made for human hospitals are appropriate.





## **Category 4: Facilities**

### **OPTIONAL**

#### **4.13 Practice prevents noise and vibration.**

*Note: Not all options for this standard are featured here.*

#### **Isolate mechanical equipment**

*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.
- Placing rooftop air handling equipment away from patient housing areas.

#### **Prevention of unnecessary operational noise**

*Examples include but are not limited to:*

- Quiet casters for chairs. Put rubberized casters on chairs (rather than hard plastic ones) to prevent clattering when chairs are rolled over tile or other hard floor surfaces.
- Placing mats under rolling chairs to prevent noise.
- Using non-audible paging systems.
- Using quiet, regularly maintained clippers.
- Refraining from shouting or playing loud music.

#### **Sound-dampening materials used in housing**

*Examples include but are not limited to:*

- Manufacturers of animal housing 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.
- Insulated or solid kennel panels to prevent noise



## **Category 4: Facilities**

### **OPTIONAL**

#### **4.14 Practice provides healthier environments using mechanical techniques.**

##### **Negatively pressurize ward spaces**

- Be prepared to demonstrate via the building mechanical drawings that the patient wards are negatively pressurized, meaning that more air is removed than supplied.

##### **Minimal air exchanges for wards**

- 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.

##### **External heat support provided to patients/pets as needed to maintain normothermia**

- 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 but not limited to:
  - Air or water patient warmers
  - Radiant heating pads
  - Hydronic or electric heating integrated into the floor slabs
- Radiant heating may be provided to locations including but not limited to:
  - 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
  - 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 not awake, alert, and/or ambulatory should not have access to radiant heating pads or other plug-in devices.



## **Category 6: Culture, Training & Leadership**

### **MANDATORY**

**6.3 As per the Fear Free FAS Scale, if a patient exhibits behaviors consistent with a sustained FAS score of > 4, owner will be counseled on re-scheduling and/or patient will be provided with additional support to alleviate their FAS, including but not limited to analgesia and/or sedation.**

- Review concept of wants vs. needs – Module 4, slide 1.36
- Review module 7a&b – analgesia, sedation
- Module 8 Talking Points
- Complimentary Course: Developing the Fear Free Plan of Action for Patient Care

### **MANDATORY**

**6.4 All team members exhibit an appropriate demeanor consistent with Fear Free principles when they can be seen and/or heard by clients and patients.**

Think “SPAW”!

*Examples include but are not limited to:*

- Use “inside voices”
- Move calmly and deliberately
- Avoid large hand gestures
- Always use Considerate Approach, Gentle Control, and Touch Gradient

### **MANDATORY**

**6.6 The practice’s new-hire orientation process must demonstrate inclusion of Fear Free definitions and goals.**

- Fear Free requires a team effort.
- Orientation and training for ALL team members must include Fear Free core concepts and skills.
- **Toolbox** resources include but not limited to:
  - Customer Service Overview: The Fear Free Approach to Welcoming Clients and Patients to Our Practice
  - Fear Free List of Must-Haves in Your Practice
  - Fear Free Checklist for the Client Service Rep
  - Module 8 Talking Points



## **Category 6: Culture, Training & Leadership**

### **MANDATORY**

**6.7 SOPs for procedures that affect animals and/or clients must include Fear Free principles.**

- Drafting SOPs helps practices create their Fear Free culture.
- Consider making this a team effort: Ask a few team members to work together to create a first draft, then review and finalize it as a group.
- SOPs can also be used in New Hire Training & Orientation
- Basic SOP Format: Procedure, Responsible Team Members, Equipment/Supplies, Procedural Steps

### **Resources include but are not limited to:**

- Fear Free Module 8
- Webinar: Tell Me More About SOPs!



## **Category 7: Patient Observation**

### **MANDATORY**

**7.1 When an appointment is scheduled, the Emotional Medical Record (EMR) is reviewed with the client and other team members to prepare the client, patient, and practice team members for the visit.**

- If there is no choice of healthcare provider (e.g. single-veterinarian practice, only male or only female veterinary team), “not applicable” is an acceptable option.
- The EMR should be updated accordingly with each patient visit.

#### **Resources include but are not limited to:**

- 2019 Fear Free Emotional Medical Record
- 2019 Fear Free Pre-Visit Questionnaire
- Podcast: The First Line of Defense: The Fear Free Client Service Representative (CSR)
- Complimentary Course: The Vital Role of Client Services Representatives

### **OPTIONAL**

#### **7.2 Pre-Visit Preparation**

*Note: Not all options for this standard are featured here.*

**New clients are provided with information regarding what to expect during their Fear Free Visit. Clients are provided with/reminded of travel recommendations.**

#### **Resources include but are not limited to:**

- Fear Free Happy Homes: For My Vet Visit handouts
- Customer Service Overview
- Module 8 Talking Points
- Podcast: The First Line of Defense: The Fear Free Client Service Representative (CSR)
- Complimentary Course: The Vital Role of Client Services Representatives
- Also see Client Education Optional Standard 2.3 for additional resources



## **Category 7: Patient Observation**

### **OPTIONAL**

#### **7.3 Arrival at the Practice**

*Note: Not all options for this standard are featured here.*

#### **Pheromones are used in reception area via diffusers and/or impregnated bandana/towel provided to patients upon arrival**

If practice is using pheromone-impregnated bandanas, it may be less FAS-provoking to have the owner place it around the dog's neck vs. a veterinary team member. The owner should be instructed to allow the dog to sniff the bandana before it is secured around his/her neck.

#### **Patient, pet, and people interactions in reception area are managed to prevent and alleviate FAS**

##### **Resources include but are not limited to:**

- Fear Free Certification Program Module 3
- The CSRs will monitor the lobby environment<sup>5</sup>:
  - All dogs are on leash (4-6 feet, 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

##### **Resources include but are not limited to:**

- Module 8 Talking Points
- Podcast: The First Line of Defense: The Fear Free Client Service Representative (CSR)
- Complimentary Course: The Vital Role of Client Services Representatives
- Toolbox: Fear Free Checklist for the Client Services Rep

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



## **Category 7: Patient Observation**

### **OPTIONAL**

#### **7.4 Outpatient Procedures and Experience**

*See information for 7.5*

### **OPTIONAL**

#### **7.5 Inpatient & Hospitalized Patient Procedures and Experience**

If a patient is struggling for a procedure:

- A dog struggling for more than 3 seconds and a cat for more than 2 seconds requires that the staff reposition and reassess handling techniques or overall handling plan.
- 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 will be reassessed and the handling plan modified to prevent struggling and escalating FAS.

**Resources include but are not limited to:**

- Fear Free Podcasts
  - Putting the “Treat Into “Treatment””: Inside the Fear Free Treat Ladder
  - The Benefits of In-Clinic Sedation in the Fear Free Practice
  - Fear Free: Beyond the Treats
- Fear Free Education Library: Fear Free Handling and Restraint for Dogs and Cats
- Webinars
  - Vaccinations for the Mind: Positive Puppy Socialization
  - Fear Free: Evolving to the Hospitalized, Emergent, and Sick Patient
  - Care of Hospitalized and Boarding Patients

### **OPTIONAL**

#### **7.6 Client Education to Improve Patient Experience During Next Visit**

**Resources include but are not limited to:**

- Fear Free Happy Homes
- “Cooperative Veterinary Care” by Alicia Howell and Monique Feyrecilde
- “From Fearful to Fear Free: A Positive Program to Free Your Dog from Anxiety, Fears and Phobias” by Marty Becker, DVM, Lisa Radosta, DVM, DACVB, Wailani Sung, PhD, DVM, DACVB, Mikkell Becker, KPA, CTB, CCBC-KA, CPDT-KA, CTC



## **Category 7: Patient Observation**

### **OPTIONAL**

#### **7.7 Client Education on Travel from Practice to Home & Home Care**

**Resources include but are not limited to:**

- Resources in Client Education Optional Standards section
- Fear Free Happy Homes: How to Manage a Fear Free Return Home
- Fear Free Certification Course Module 2

### **OPTIONAL**

#### **7.8 Patient Discharge**

- Discharging a patient in the exam room will help manage his/her FAS and help manage the reception area.
- When discharging in-patients, it may be helpful to complete the discharge (instruction, invoice) before reuniting the pet with the owner.

### **OPTIONAL**

#### **7.9 Clients are made aware of Fear Free tools and techniques.**

**Resources include but are not limited to:**

- Module 8 Talking Points
- Webinar: Communicating Fear Free to Pet Owners: Why it matters