



Fear Free Certified Veterinary Practice Standards

GENERAL PRACTICE





Fear Free Veterinary Practice Certification takes Fear Free implementation from an individual to a joint effort as practice team members work together to safeguard the emotional wellbeing of their patients, clients, and each other. The certification standards contained within are meant to be implemented within a general practice setting and can be extrapolated to other veterinary practices including high-volume spay/neuter and wellness clinics.

General Practice

To earn the designation of a **Fear Free Certified Veterinary Practice – General Practice**, the practice will need to implement the practice certification standards contained within and upload the necessary documents, and successfully complete and pass a virtual onsite visit.

The standards are divided into 4 main categories:

1. **Workflow and Patient Care**
2. **Facilities**
3. **Team Support**
4. **Client and Community Education**

All standards contained within are considered mandatory, however, several can be met through assorted options, which are included. Additionally, based upon the structure of the practice facility, some standards can be marked as 'Not Applicable' and appropriate reasoning provided. Failure to implement any of the standards contained within, or failure to provide adequate reasoning for why a standard is not applicable, will result in failure to obtain Fear Free Veterinary Practice Certification status.

Please refer to Appendix A for a full list of the required documents and medical records that must be uploaded for review.

Please refer to Appendix B: Scoring System for a full disclosure of how the scoring of the practice assessment is done.

Standards are denoted by category number followed by individual standard number (i.e.: 1.1; Category 1, Standard 1).

Category 1: Workflow and Patient Care

1. A licensed veterinarian approves and supervises all patient care.
2. All animals are cared for humanely by all practice team members.
3. All practice team members exhibit an appropriate demeanor consistent with Fear Free principles when they can be seen and/or heard by clients and animals.
4. Great care should be taken to use the absolute gentlest form of restraint possible, also known as Gentle Control.
 1. Gentle Control should be utilized with all patients to ensure the safety of the patient, pet owner, and staff while allowing for evaluation, examination, and administration of veterinary treatment.
 2. Restraint should be used very sparingly in young puppies and kittens, and patients with FAS levels >3.
 3. If multiple technicians or an excessively firm hold is required to restrain a struggling animal, the practitioner should pause and re-evaluate the plan for that day.
 - a. The type of restraint being utilized must be re-evaluated for canine patients noted to be struggling for more than 3 seconds and 3 times during a procedure; and for feline patients noted to be struggling for more than 2 seconds and 2 times during a procedure.
 - b. Procedures in which patients are noted to be struggling as listed above should be stopped and consideration for PVPs and rescheduling or sedation should be explored.
 4. Restraint of any animal that could be painful and/or cause emotional distress is prohibited. The use of physical punishment or force is unacceptable.
 - a. This includes scruffing of cats and 'tank' or 'box' anesthetic induction for feline patients.
5. Any animal experiencing mental suffering or distress must be assessed and appropriately treated without delay.
 1. Mental suffering or distress is defined as any animal experiencing FAS level 4 or higher, including but not limited to the following: consistent whining, pacing, or inability to get comfortable, biting at cage bars and/or self-harming activities.
6. Unless medically contraindicated, all hospitalized and boarding patients are supplied with food and water.
 1. This includes patients hospitalized due to drop-off appointments, same-day procedures, and/or long-term hospitalization or boarding.
7. All patients are provided with pain management.
 1. The practice must maintain and follow a Standard Operating Procedure (SOP) for monitoring, addressing, and reducing pain in patients. Scoring of this standard is based on inclusion of the following items within the SOP:
 - a. SOP outlines concise pain scoring system.
 - b. SOP outlines the internal system utilized to ensure patients receive continuous pain scoring throughout hospitalization, examination and/or procedures.
 - c. SOP outlines steps taken when a patient's pain scoring is escalating.
 - d. SOP outlines steps taken to reduce anticipated pain for procedures such as radiology, fine needle aspiration, orthopedic examination, etc.
 - e. SOP outlines key points of client education on pain and presents resources for staff to utilize.
 - f. SOP mentions any of the following:
 1. Sedated radiology
 2. Local analgesic blocks for surgery and procedures
 3. Use of topical analgesics for injections, venipunctures, or other invasive

procedures

8. The practice maintains and follows an SOP for preventing and alleviating fear, anxiety, and stress (FAS) upon arrival at the practice, during the visit, and, during discharge. The scoring of this standard is based on the inclusion of the following items within the SOP:
 1. Steps taken by the Customer Service Representative (CSR) team including any or all the following:
 - a. Educating the pet owner on how to prepare their pet for a Fear Free trip to the veterinary clinic.
 - b. Preparation of the lobby area with any or all the following:
 1. Non-slip mats
 2. Treats
 3. Visual blocking
 - c. Steps taken to interact with the patient upon entry to the facility in a Fear Free manner – this should include mention of Considerate Approach.
 - d. The usage of positive reinforcement (such as treats) in the reception area.
 1. The usage of a treat ladder is mentioned.
 - e. The utilization of species-specific calming pheromones within the reception area and when greeting patients.
 - f. Confirmation of Pre-Visit Pharmaceutical/Pre-Visit Nutraceutical administration and recording of such within the Emotional Medical Record (EMR).
 - g. Acquisition of the patient's weight using Fear Free techniques.
 - h. Education of the owner on any FAS noted.
 2. Steps taken by all staff members to reduce and alleviate FAS throughout the examination and associated procedures/diagnostics to include:
 - a. Preparing the examination room/area to minimize exam room interruptions.
 - b. The provision of supplemental warmth especially for feline patients.
 - c. The usage of positive reinforcement/distraction techniques throughout the examination and procedures.
 1. Usage of the treat ladder is mentioned.
 - d. The usage of Gentle Control, Considerate Approach, and Touch Gradient by all staff members during examinations and/or procedures.
 - e. The usage of species-specific calming pheromones within the exam room/areas.
 - f. The steps for monitoring and recording of FAS and pain scores throughout the examination and/or procedure(s).
 - g. The provision of a non-slip surface for procedures and handling, including but not limited to examinations, acquisition of body weight, sample collections including blood and urine, medical treatments, imaging, anesthesia preparation, bathing, and grooming.
 - h. The education of the pet owner on any FAS noted during the examination/procedure.
 3. Steps taken by staff members to perform in-room discharge and/or steps taken to minimize patient interaction in the lobby area during discharge.
9. If training and/or behavior modification is provided at the practice, either by a practice team member or an outside provider, techniques must be positive reinforcement based and free from aversives.
 1. Aversives include, but are not limited to electronic/shock collars, prong collars, choke chains, yelling at or hitting the animal, rattling cans, etc.
10. If the practice refers clients to a trainer in the community, the trainer's techniques must be based on positive reinforcement and free from aversives. Referral to a Fear Free Certified Animal Trainer is preferred. First-hand experience is highly recommended.
 1. Aversives include, but are not limited to electronic/shock collars, prong collars, choke chains, yelling at or hitting the animal, rattling cans, etc.

2. Practice must provide a list of trainers to whom they refer clients – list must include the trainer's name and website or social media contact information.
11. The practice maintains and adheres to an SOP to reduce FAS within the kennel and ward settings. The scoring of this standard is based on the inclusion of the following items within the SOP:
 1. The steps taken to monitor and record FAS in hospitalized and/or boarding patients.
 2. The steps taken to reduce FAS when/if it is noted to be escalating.
 3. The usage of species-specific, calming pheromones within kennel space, if available.
 4. Steps taken to reduce sightlines and auditory stimuli among patients. Special care should be taken to prevent patients of different species from seeing and hearing one another to the extent possible.
 5. Steps taken to provide enrichment to hospitalized and ill patients within the hospital, including supplemental warmth.
 - a. Enrichment should be described in detail and can include items such as grooming, provision of treats, outdoor play, watching videos, etc.
 6. Steps taken to provide adequate housing space and litter boxes to boarding, ill or compromised feline patients, including those with intravenous or urinary catheters.
 7. Steps taken to reduce noise and odors within the kennel/ward space.
 - a. This should include mention of calming music, white noise, and pheromone use.
 12. If the practice provides boarding, the scoring for this standard is based upon the inclusion of the following within the SOP:
 1. Patients are taken outside to eliminate at least four (4) times in a 24-hour period.
 2. The steps taken to provide daily positive social interaction, including social interactions with people, physical exercise, and other environmental enrichments.
 3. The steps taken to maintain consistency amongst boarding staff, as much as possible, to reduce patient FAS.
 4. The steps taken to provide positive enrichment to pets during inclement weather.
 13. The practice maintains and adheres to single use of syringes and needles.
 1. Insulin needles are exempt because they cannot be replaced once insulin or other medication has been drawn up. Insulin syringes are disposed of after one use.
 2. Syringes used to deliver anything by mouth (e.g., food/water/medication) may be used more than once for the same patient, provided they enable you to deliver the contents smoothly, efficiently, and safely.
 3. The practice commits to using the smallest gauge needle available for the medications being administered to reduce pain and FAS.
 14. The practice shall not provide or recommend elective onychectomy (declawing) services for any animal. Elective declawing services include surgical removal of normal digits and digital flexor tendonectomy. Providing or recommending declawing as part of a behavior modification program is not permitted.
 1. Practices may provide surgical removal of medically abnormal digits due to trauma, infection, auto-immune disease, and/or neoplasia.
 2. As with all procedures, pain management shall comply with Standard 1.7
 15. A Fear Free Pre-Visit Questionnaire (PVQ) is completed for all new patients. The PVQ should be standardized, easy to find in the medical record (MR), and used by all practice team members. To meet this standard a practice **must** include a completed PVQ and/or answers from the Pre-Visit CSR interview within the medical record for **all new** patients and **annually for established** patients. The PVQ is considered a portion of the completed medical record.

1. All information from the PVQ is incorporated into the patient's Emotional Medical Record (EMR).
2. Practices may utilize the Pre-Visit CSR Phone Interview or Pre-Visit Questionnaire available on fearfreepets.com. If the practice elects to create their own questionnaire, the following information must be obtained:
 - a. Does your pet show any reluctance to getting in the carrier or car?
 1. Yes
 2. No
 - b. How would you describe your pet's behavior during travel?
 1. Eager & excited
 2. Subdued
 3. More quiet than usual
 4. More vocal than usual
 - c. Does your pet do any of the following during travel:
 1. Pant
 2. Tremble
 3. Pace
 4. Hide
 5. Drool
 6. Vomit
 7. Poop
 8. Pee
 - d. Are there any situations that your pet has tried to avoid or seemed to dislike in the past – select all that apply:
 1. Entering the veterinary hospital
 2. Unfamiliar people and/or animals
 3. Getting onto the scale
 4. Going into the exam room
 5. Being put up on an exam table
 6. Being picked up or carried
 7. Being removed from a carrier
 8. Having a rectal temperature taken
 9. Ear exam/cleaning
 10. Placement of the stethoscope on the chest
 11. Nail trim
 12. Other
 - e. Has your pet ever been given any supplements or prescribed any medications to help manage his/her fear or anxiety associated with the visit? If so, what was it and what sort of results did you experience?

16. The practice maintains an EMR for all patients. The recording method should be standardized, easy to find in the MR, and used by all practice team members. To meet this standard a practice **must** include a completed EMR within the medical record for **all** patients. The EMR is considered a portion of the completed medical record.
 1. When an appointment is scheduled, the EMR is reviewed with the client and, if applicable, other team members to prepare the client, patient, and practice team members for the visit.
 2. The practice may utilize the Emotional Medical Record template available on fearfreepets.com. If the practice opts to create their own EMR, the following information must be present.
 - a. Pre-Visit FAS Management Intervention (I.e., Pre-Visit Pharmaceuticals (PVPs), Pre-Visit Nutraceuticals (PVNs), anti-emetics, compression garments)
 - b. Likes (Prevents/alleviates FAS)
 - c. Triggers (increases FAS)
 - d. Preferred location for exam (e.g., owner's lap, exam room 3, on the floor)
17. FAS documentation, using the Fear Free FAS Scale, is essential for all visits to the practice. The recording method should be standardized, easy to find in the MR, and used by all practice team members. To meet this standard a practice **must** include a completed FAS score within the medical record for **all** patients. The FAS score is considered a portion of the completed medical record.
 1. Documentation should outline continuous monitoring of FAS throughout the visit, interventions utilized, and results of said interventions.
18. The practice maintains and adheres to an SOP to improve the olfactory experience of the patient. The scoring for this standard is based upon the inclusion of the following items within the SOP:
 1. The steps taken to reduce odors within examination rooms, treatment areas, reception area, and kennel/wards.
 2. The procedure for cleaning examination areas and equipment between patients, including the type of cleaner utilized.
 3. The procedure for spot-cleaning patient housing area, as well as complete cleaning of kennels between patients.
 4. The procedure for removal of waste products from examination rooms, treatment areas, kennels, and outside walking areas.
 5. The procedure staff members take when clothing is soiled by bodily secretions from patients.
 6. The steps taken to clean the scale between patients
19. The practice maintains and adheres to an SOP outlining steps taken when a patient's FAS rises during a procedure. The scoring of this standard is based upon the inclusion of the following items within the SOP:
 1. Pausing the procedure to allow the pet's FAS to reset
 2. Incorporation of higher value positive distractions, i.e. treat ladder.
 3. Incorporation of a more experienced staff member.
 4. Consideration of the 3 try/3 second and 2 try/2 second rules.
 5. Discussion of rescheduling with pre-visit pharmaceuticals (PVPs) on board if procedure is a 'want'.
 6. Discussion of sedation if the procedure is a 'need' and/or the FAS is consistently above 3.
 7. Discussion of cooperative care and home training techniques.
 8. The SOP should outline a plan for patients with an FAS of 3 previously prescribed PVPs, who have not received PVPs.
 - a. To include counseling on the importance of PVPs and/or pre-visit nutraceuticals (PVNs).
 - b. Rescheduling the examination with PVPs on board.
 9. The SOP should outline a plan for patients with FAS of 3+ who received PVPs.

- a. To include rescheduling on additional anxiolytics or PVPs/PVNs.
 - b. Sedation for procedures that are a necessity that day.
20. The practice maintains and adheres to an SOP outlining steps taken to provide a euthanasia experience consistent with Fear Free principles. The scoring for this standard is based on the inclusion of the following within the SOP:
 1. The steps taken to educate the client prior to the euthanasia appointment about what to expect and encourage the owner to bring the patient's favorite foods, blankets, or other items to the appointment.
 2. The steps taken to reduce pet owners' stress and anxiety as it is related to end-of-life decisions and euthanasia.
 - a. This may include the usage of a designated comfort room for the euthanasia procedure.
 3. The steps taken to alert others in the practice that euthanasia is occurring.
 4. Outline the inclusion of Gentle Control, Considerate Approach, and Touch Gradient within the euthanasia procedure.
 5. The steps taken to keep the patient with the owner as much as possible, including during placement of an intravenous (IV) catheter and/or administration of sedation.
 6. Outline the sedation protocol administered to the patient prior to the euthanasia injection.
 - a. This sedation protocol can include oral medications given prior to the visit and/or intramuscular, subcutaneous, or intravenous injections given once the patient has arrived at the veterinary practice.
 - b. The sedation protocol should provide a level of deep sedation or full unconsciousness prior to proceeding with the euthanasia injection.
 1. If the route of euthanasia delivery is via intraorgan injection, the patient must be in a full state of unconsciousness.
 - c. Sedation and/or anesthetics are given in a manner that reduces pain and discomfort for the patient.
 7. Steps taken to place an IV catheter for administration of the euthanasia solution, if this is routine practice, or the steps taken prior to administration of the euthanasia solution, such as utilization of topical anesthetics to reduce discomfort and stress.
 - a. Encouragement to utilize topical anesthetic preparations prior to placement of an IV catheter.
 8. Steps taken to provide oxygen administration if necessary for the patient.
21. The practice maintains SOPs for the following procedures that affect animals and/or clients. The SOPs must include implementation of Fear Free principles. Each individual procedure will be scored based on the inclusion of the following items within each SOP:
 - a. Presence of calming music.
 - b. Presence and usage of calming, species-specific pheromones, where available.
 - c. Utilization of the core concepts of Fear Free.
 - d. The steps taken to assess FAS during the procedure, as well as the steps taken to mitigate FAS if noted to be escalating.
 - e. Utilization of topical analgesics/anesthetics when appropriate.
 - f. Recommendation for sedation for all radiographs and ultrasonography – unless medically contraindicated.
 - g. The usage of positive distractors/reinforcers during procedures.
 1. Includes mention of the treat ladder.
 - h. Includes utilization of the pet owner to help decrease FAS, if appropriate.
 - i. Recommendation of PVPs prior to procedures that are known to cause FAS.
 - j. Recommendation of analgesics prior to procedures that are known to cause pain.

- k. Keeping the pet owner and pet together when possible.
2. Procedures which must have SOPs uploaded include:
- a. Handling and examination of feline patients, including how felines are removed from carriers, if necessary to remove them.
 - b. Radiography.
 - c. Ultrasonography (if provided).
 - d. Venipuncture and intravenous injections.
 - e. Intravenous catheter placement and removal.
 - f. Intramuscular and subcutaneous injections.
 - g. Nail trims.
 - h. Anal gland expression.
 - i. Anesthesia induction and recovery.

Category 2: Facilities

22. The practice has housing, defined as any place an animal is housed while in the care of the practice for any length of time, that is:
1. Well maintained.
 2. Constructed of material that is cleaned easily using appropriate, non-offensive cleaners, such as accelerated hydrogen peroxide instead of bleach or ammonia-based products.
 3. Large enough for a patient to stand up, turn around, and rest/sleep in his or her position of choice without having to touch the sides or top of the enclosure.
 4. Cognizant of visual sightlines and visual blocking mechanisms are incorporated to reduce FAS among hospitalized and/or boarding patients.
 5. Sound reducing.
 6. Large enough for the patient to eliminate in an area other than his/her resting area.
 - a. Feline litter boxes are present with enough residual cage space to allow the patient to be removed from the area.
 - b. For long-term feline housing – feline kennels must comply with Fear Free dimensions (36" W x 30"H).
 - c. Feline housing is set at least 12" off the floor.
 7. Comfortable:
 - a. Appropriate non-slip surface and bedding is provided unless medically contraindicated.
 - b. Hiding places and perches are present for cats.
 - c. Enrichment is provided in the form of music, toys, treats, videos, outdoor views, etc.
23. Practice provides a non-slip flooring option in the following areas where patients may be required to stand for extended periods of time: reception area, exam rooms, treatment area, and kennels.
1. Non-slip flooring may include options such as yoga mats, bathmats with non-slip lining, and commercially available non-slip mats.
24. The **reception area** provides any or all the following:
1. Platform for elevating cat carriers.
 2. Pheromone diffusers and/or sprays.
 3. Treat dispensers.
 4. Alternate entrance/exit for high FAS patients.
 5. Visual blocking to reduce sightlines among patients and species.
 6. Calming music and/or sound-dampening options.
25. The **examination rooms** include any or all the following:
1. Platform for elevating cat carriers, when appropriate.
 2. Pheromone diffusers and/or sprays.
 3. Treat dispensers.
 4. Enrichment options for all species, options include toys, videos, outdoor views, etc.

5. Water is available for patients.
6. Litter box available for feline patients.
7. Calming music and/or sound-dampening options.
8. External heat support options, especially for feline patients.

26. The **treatment area** includes any or all the following:

1. Visual blocking to reduce sightlines among patients and species.
2. Pheromone diffusers and/or sprays.
3. Treat dispensers.
4. Calming music and/or sound-dampening options.
5. External heat support options for patients.

27. The **boarding/kennel area** includes any or all the following:

1. Visual blocking to reduce sightlines among patients and species.
2. Neutral and/or pleasant views from the kennels outward.
3. Pheromone diffusers and/or sprays.
4. Calming music and/or white noise.
5. Sound-dampening effects.
6. Treat dispensers.
7. Enrichment options for all species, including medically appropriate food-stuffed toys, other toys, videos, and outdoor views.

28. The practice creates a calming environment throughout the hospital by utilizing any or all the following:

1. Reduced noise throughout by utilizing low-volume phone ringers and/or pager systems.
2. Dimmable and/or natural lighting whenever possible, or LED lighting throughout the hospital.
3. Separating machinery, such as laundry, centrifuge, and autoclave, from areas in which patients are examined and or housed.

Category 3: Team Support

29. The practice provides team educational meetings to review Fear Free interactions and provide insight on improvements.

Practices can meet this standard by providing in-house meetings to:

1. Discuss Fear Free success stories or discussion of cases.
2. Discuss additional Fear Free resources and/or courses.
3. Watch Fear Free modules together as a team.

30. The practice leadership contacts Fear Free regarding concerns involving Fear Free technique implementation within their staff so that Fear Free can assist their hospital.

31. The practice refers patients with high FAS, and/or those patients which are outside of the team's comfort level, to a more experienced professional, such as a board-certified veterinary behaviorist, or an experienced, credentialed behavior consultant or trainer (e.g. a CAAB or an experienced and certified positive reinforcement-based trainer).

32. The practice maintains a new hire orientation and training protocol, which integrates Fear Free principles and handling within the first 90 days.

Category 4: Client and Community Education

33. The practice provides Fear Free compliant client education on the following topics – acceptable sources can include fearfree.com, fearfreehappyhomes.com, aaha.org, catvets.com, indoorpet.osu.edu, cattledogpublishing.com, and aavsb.com.

- | | |
|---|---|
| 1. Canine and Feline Socialization | 10. Nail Trims |
| 2. Puppy and/or Adult New Dog Housetraining | 11. Grooming |
| 3. Litter Box Training | 12. Ear Care |
| 4. Meeting the Scratching Needs of Cats | 13. Dental Care |
| 5. Environmental Needs of Indoor Cats | 14. Anal Gland Care |
| 6. Canine Crate Training | 15. Environmental Enrichment for Activity-Restricted Pets |
| 7. Feline Carrier Training | 16. Chronic Healthcare Issues |
| 8. How to Select a Trainer | 17. Senior and/or Geriatric Patient Care |
| 9. Muzzle Training | 18. Palliative and/or Hospice Care |
| | 19. Euthanasia |

34. The practice promotes their Fear Free status by any or all the following:

1. Utilizing the downloadable Fear Free logo for their website and/or marketing materials.
2. Maintaining an active listing in the Fear Free Certified Veterinary Practice Directory.
3. Displaying the Fear Free Certified Practice plaque and/or individual Fear Free member certificates within public areas.
4. Displaying Fear Free Certification status within practice team member bios on the practice website.

35. The practice provides instructions to clients on the following:

1. How to deliver a calm pet to and from the veterinary office
2. What to expect at a Fear Free visit
3. How to medicate patients in a Fear Free manner
4. Muzzle training and safety

Appendix A:

Fear Free Certified Veterinary Practice: General Practice

Required Uploads

The following uploads must be received and reviewed by the Fear Free team to complete the certification process.

****If an SOP covers requirements of multiple standards, it is only required to be submitted once****

- ☐ Valid Veterinary Medical license of at least 1 full-time veterinarian in good standing, who is providing at least 50% of medical care. License must include
 - a. Full name of veterinarian
 - b. State of licensure
 - c. Expiration date
- ☐ SOP outlining pain management – Standard 7
- ☐ SOP for preventing and alleviating fear, anxiety, and stress (FAS) upon arrival at the practice, during the visit, and during discharge – Standard 8
- ☐ List of approved trainers that the practice uses for referral – Standard 10
- ☐ SOP to reduce FAS within the kennel and ward settings – Standard 11
- ☐ SOP to reduce FAS for boarding patients -Standard 12
- ☐ SOP outlining steps to improve the olfactory experience of the patient – Standard 18
- ☐ SOP outlining steps taken when a patient's FAS escalates during procedure – Standard 19
- ☐ SOP outlining Fear Free euthanasia experience – Standard 20
- ☐ SOPs outlining Fear Free procedures – Standard 21
- ☐ Three (3) Completed medical records showing PVQ, EMR, FAS, and pain scoring

Appendix B:

Scoring System

The online assessment is a two-fold scoring assessment. During the initial completion, the practice will work through the assessment and provide self-scores on how they are implementing the standards within the workflows and protocols of their practice. The scoring system is outlined below. After the practice completes the initial self-evaluation, a Fear Free reviewer will evaluate the scores provided by the practice along with the corresponding documentation. The reviewer will provide feedback, elicit further information, and provide a separate set of scores for the practice. All feedback and scores are visible to both the practice and the reviewer, as well as the internal Fear Free team.

Scoring is as follows; points are reflected within parentheses:

1. Meets Standard (4) vs Does Not Meet Standard (0): Items scored in this manner reflect those standards which are either implemented or are not. Documentation may be required to reflect implementation; however, more often this will be a self-scoring reflection of the practice's workflows and team culture. Many of these standards are validated during the virtual onsite visit or patient observation. **Example Standard 1.1**
2. Agree (4) vs Do Not Agree (0): Items scored in this manner reflect standards in which the practice must agree, or disagree, with a policy set forth by Fear Free. Failure to agree with set policies may result in a failure to successfully obtain Veterinary Practice Certification. **Example Standard 1.14**
3. Subjective Scoring 1-4: Items scored in this manner reflect standards in which documentation is required which outlines specific points of implementation of Fear Free into workflows and protocols. Scores are based on the inclusion of these points within the practice standard operating protocols (SOPs) and or medical records.

Example Standard 1.21. Scoring is as follows:

- a. Weak (1): Documentation lacks required items.
 - b. Average (2): Documentation contains some but less than half of the required items.
 - c. Strong (3): Documentation contains the majority of the required items.
 - d. Superior (4); Documentation contains all the required items and may contain items beyond what is required.
4. Gradient Scoring 1-3: Items scored in this manner reflect standards in which there is a provided list of items for a specific area of the practice. Scoring is based upon the level to which these items are provided in these areas.

Example Standard 2.25. Scoring is as follows:

- a. Weak (1): Area has 1 or fewer of the required items.
- b. Average (2); Area has at least half of the required items.
- c. Superior (3): Area has all the required items.



Our mission is to prevent and alleviate fear, anxiety, and stress in pets by inspiring and educating the people who care for them.

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