



# Fear Free Certified Veterinary Practice Standards

**EMERGENCY & URGENT CARE**





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 were developed by a team of veterinary professionals proficient in emergency and/or urgent care. While not all standards will apply to all practices, we feel this fully encapsulates what it means to put Fear Free into practice within these settings.

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## Emergency and/or Urgent Care

To earn the designation of a **Fear Free Certified Veterinary Emergency or Urgent Care Practice**, the practice will need to implement the practice certification standards contained within and upload the necessary documents and patient recordings for review.

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, medical records, and patient recordings 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 consider an alternative treatment plan to include sedation.
    - 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 sedation strongly considered.
  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, including and especially for emergency patients.
    - 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. Upon presentation to the emergency and/or urgent care setting, patients should be triaged for overall medical needs, including analgesia.
  1. Pain and FAS scoring should be incorporated into the initial triage assessment of all pets presenting to the emergency and/or urgent care facility.
  2. Appropriate medical care, including analgesics and/or anxiolytics, should be administered to patients to decrease pain and FAS following initial triage, as directed by a veterinarian.
  3. Patients presenting in distress and requiring immediate medical care such as oxygen therapy, anti-convulsant therapy, emergency surgery, etc., should be evaluated and treated accordingly.

7. All patients are provided with pain management. Scoring for this standard is based upon the inclusion of the following items within the SOP:
  1. The steps for monitoring, addressing, and reducing pain in patients presented to the emergency or urgent care setting.
  2. The steps in which appropriate pain management is provided for the level of occurring and/or expected pain, including pain anticipated with diagnostic procedures, such as orthopedic examinations, radiograph acquisition, ultrasonography, fine needle aspiration, etc.
  3. The steps in which patients are continuously monitored for pain and treated appropriately.
  4. The pain scoring system the practice utilizes.
  5. How clients are educated on pain management and assessing pets for pain at home.
  6. A pain score is recorded for all patient visits and at least once daily on all hospitalized patients; and is updated as pain levels change.
  
8. The practice maintains and adheres to an SOP for preventing and alleviating fear, anxiety, and stress (FAS), and pain before, during, and at the conclusion of the emergency and/or urgent care visit. The scoring for this standard is based upon the inclusion of the following items within the SOP:
  1. The steps taken to reduce FAS and pain when patients are presented to the facility, during initial intake/triage examination, during holding within kennels in the facility, and during diagnostic procedures.
  2. Consideration of where triage occurs, where stable patients are asked to wait and incidence of face-to-face interactions amongst waiting patients must be outlined.
  3. The steps taken to keep feline patients within a confined space that is quiet and free from other species, when possible.
  4. The steps taken to utilize positive reinforcers during examination, procedures, and treatments – as deemed appropriate by veterinary medical staff. Positive reinforcers **may** include treats (if appropriate), brushing, petting, toys, positive praise, visualization and/or inclusion of the owner in procedures, etc.
  5. The utilization of calming pheromone therapy during intake, examination, and procedures.
  6. The implementation of the core principles of Fear Free within patient handling and examination/procedures.
  7. The acquisition of the patient's weight using Fear Free techniques.
  8. The provision of a nonslip surface for procedures and handling including exams, sample collections, treatments, imaging, and anesthesia/sedation prep.
  9. The steps taken to reduce FAS and pain for patients during discharge from the facility.
    - a. Including discharge within the examination or treatment area and exit through alternate doors.

9. The practice maintains and adheres to an SOP for preventing and alleviating FAS and pain for those patients requiring hospitalization within the emergency and/or urgent care facility. The scoring for this standard is based upon the inclusion of the following items within the SOP:
  1. The steps taken to reduce the FAS associated with constant activity within the facility – the SOP should address the following:
    - a. Open treatment/hospitalization areas
    - b. Frequent handling
    - c. Co-mingling of species (If applicable)
    - d. Provision of enrichment to severely ill or compromised patients
  2. Steps taken to reduce visual sight of other patients and steps taken to reduce olfactory stress in the emergency/urgent care setting.
  3. Requirements for the size of the kennel space in relation to the size of the patient, provision of litter boxes and hiding spots for feline patients, when appropriate, as well as non-slip bedding when appropriate.
  4. Procedures for elimination schedules for canine patients hospitalized, especially those on high fluid rates or diuretics and/or those with limited mobility.
  5. The steps taken whenever possible such that patients are kept within the same housing unit during the entirety of their hospitalization.
  6. The steps taken to create a mindful treatment plan for patients who are hospitalized to reduce stress. This should include the following:
    - a. Designated quiet time in the ICU/kennel areas in which lights are dimmed and patients are allowed to sleep.
    - b. Grouping of treatments to allow blocks of time in which no treatments or physical exams are performed on hospitalized patients to allow for restful sleep.
10. The practice takes steps to reduce the spread of pheromones/smells from one patient to another through use of **any or all** the following:
  1. Utilization of accelerated hydrogen peroxide disinfectant (i.e., Rescue) to clean equipment, hospital areas, and kennels.
  2. Utilization of pheromones on clothing and within the facility.
  3. Team members change clothing if they have encountered bodily secretions such as urine, feces, blood, or anal gland contents.
11. 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.
  1. Insulin needles are exempt because they cannot be replaced once insulin or other medication has been drawn up. Insulin syringes are to be disposed of after one use.
  2. Syringes used to deliver anything by mouth (i.e., Food, water, medication) may be used more than once for the same patient, provided they can deliver the contents smoothly, efficiently, and safely.

3. The smallest gauge needle is utilized for procedures to reduce pain and discomfort while allowing efficient administration of medications or vaccinations.
  
12. Practice shall not provide or recommend **elective** 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 plan is considered elective and is not permitted.
  
13. Attaining a Pre-Visit Questionnaire in the emergency and/or urgent care setting is often not reasonable since many patients are presenting without prior notice to the facility. Upon initial triage or intake call, the team members make attempts to ascertain the following information, when possible, and record it within the patient's medical record. This standard is met by the inclusion of this information within the submitted medical records.
  1. Has the patient responded to veterinary visits with symptoms of anxiety or fear in the past such as panting, whining, drooling, vomiting, trembling, vocalizing, or displaying aggressive behavior to the veterinary staff?
  2. Does the regular DVM normally prescribe an anti-anxiety or pre-visit medication prior to routine veterinary visits? If so, what is it and what effect has it had?
  3. Is the owner aware of any procedures that the patient is reluctant to comply with at their regular veterinary hospital, such as getting on the scale, having their feet touched, rectal temperature?
  
14. When receiving emergency or urgent care referrals from veterinarians, the practice makes an attempt to:
  1. Request the emotional medical record and/or asks about the behavior and emotional experiences that the patient has had at the referring veterinarian's office. This can include questions such as:
    - a. Has this patient required pre-visit pharmaceuticals, nutraceuticals, or other interventions to reduce FAS at your practice?
    - b. Has this patient required sedation for procedures due to elevated FAS?
    - c. Are there procedures in which you have noted that this patient responded in a fearful, stressful, or anxious manner?
  2. Recommends that the referring veterinarian consider the emotional wellbeing of the patient during the referral, especially if traveling longer distances, and if the patient is stable. This could include anti-emetics, PVPs, PVNs, or other FAS-reducing interventions.
  
15. The practice maintains a Fear Free Emotional Medical Record (EMR) for all patients. The recording method should be standardized, easy to find in the Medical Record (MR), and used by all team members. When a patient is evaluated, the EMR should be updated with the following information. This standard is met by the inclusion of a completed EMR within medical records.
  1. Pre-Visit FAS Management interventions or initial FAS management upon triage.
  2. Likes (prevents/alleviates FAS) - according to the owner or observed while in hospital.
  3. Triggers (increases FAS) - according to the owner or observed while in hospital.

4. Preferred location for exam – if applicable (for example, prefers to be on the floor or prefers to be held by a staff member).
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16. FAS documentation, using the Fear Free FAS scale, is part of all visits. The recording method should be standardized, easy to find in the MR, and used by all practice team members.
    1. Documentation shall include changes in FAS scores (increase/decrease), interventions, and results of said interventions.
  
  17. The practice maintains and adheres to an SOP to improve the olfactory experience of the patient. The scoring for this standard is based on the inclusion of the following items within the SOP:
    1. The steps taken to reduce odors within examination rooms, treatment area, reception area, and kennel/wards.
      - a. This should include mention of the use of species-specific, calming pheromones.
    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.
  
  18. 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 on 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 distraction and/or incorporation of the pet owner if applicable.
    3. Incorporation of a more experienced staff member.
    4. Consideration of the 3 try/3 second and 2 try/2 second rules.
    5. Consideration to move to a quieter location within the hospital to reduce FAS.
    6. Steps taken to provide immediate anxiolytic relief either via oral medication or injectable sedation.
    7. Steps to provide training to staff members regarding FAS reduction techniques and body language interpretation.

19. The practice must maintain and adhere to SOPs for the following procedures that affect animals and/or clients. Scoring of this standard is based upon the implementation of Fear Free techniques within each SOP. Fear Free techniques to consider, include:

1. Incorporation of calming music, non-slip mats, positive distractors, and species-specific, calming pheromones.
2. Usage of the core principles of Fear Free – considerate approach, gentle control, and touch gradient.
3. Utilization of local analgesics and/or topical anesthetics to reduce pain and associated FAS.
4. The steps taken to assess FAS during the procedure, as well as steps taken to mitigate FAS if noted to be escalating.
5. The steps taken to keep pet owner and patient together as much as possible.
6. Procedures for which SOPs must be submitted are:
  - a. Fear Free housing of canine and feline patients within the facility.
  - b. Euthanasia, including how to reduce FAS for patients who may be in the vicinity of a euthanasia procedure.
  - c. Venipuncture.
  - d. IVC placement and removal.
  - e. Fear Free preparation for surgery.
  - f. Administration of subcutaneous fluids and treatments.
  - g. Nail injuries and associated nail trims.
  - h. Fear Free radiology and/or ultrasonography.
  - i. Fear Free triage.
  - j. Fear Free isolation protocols.
  - k. Placement of nasal cannulas.
  - l. Urinary catheter placement.
  - m. Bandage/cast placement and removal.
  - n. Wound care.
  - o. Nutritional care in the ICU, including the placement of esophageal and/or nasogastric tubes.

## Category 2: Facilities

20. 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 patients.
  5. Sound reducing.
  6. Large enough for the patient to eliminate in an area other than his/her resting area.
  7. Feline specific:
    - 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 (defined as hospitalization longer than 5 days) – feline kennels must comply with Fear Free dimensions (36"W x 30"H).
    - c. Feline housing is set at least 12" off the floor, when possible.
  8. Comfortable:
    - a. Appropriate non-slip surfaces and bedding are 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.
21. Practice provides a non-slip flooring option in the following areas where patients may be required to stand for extended periods: 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.
22. The **reception area** provides any or all the following – if a reception area is not used, please select 'not applicable':
1. A platform for elevating cat carriers.
  2. Pheromone diffusers and/or spray.
  3. Visual blocking to reduce sightlines among patients and species, if waiting room is utilized for multiple patients at a time.
  4. Calming music and/or sound-dampening options.

5. While **NOT required**, consideration is given for how high FAS patients are brought into the building, i.e. separate entrance/exit and/or clearing of the reception area.

23. The **examination rooms/areas** include any or all the following, those marked in *italics* may not apply to all practices:

1. A platform for elevating cat carriers, when appropriate.
2. Pheromone diffusers and/or sprays.
3. Enrichment options for all species are available for use, options include toys, outdoor views, etc.
4. *Water is available for patients, if appropriate.*
5. *Treats are available for patients, if appropriate.*
6. *Litter box available for feline patients, if appropriate.*
7. Calming music and/or sound-dampening options.
8. External heat support options are available for use, especially for feline patients

24. The **treatment/procedure area** includes any or all the following:

1. Visual blocking to reduce sightlines among patients and species.
2. Pheromone diffusers and/or sprays.
3. *Treats are available, if appropriate.*
4. Calming music and/or sound-dampening options.
5. External heat support options for patients.

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

1. Visual blocking to reduce sightlines among patients and species.
2. Pheromone diffusers and/or sprays.
3. Calming music and/or white noise.
4. Sound-dampening effects.
5. *Treats are available, if appropriate.*
6. Enrichment options for all species are available for use, including medically appropriate food-stuffed toys, other toys, videos, and outdoor views.

26. 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

27. The practice provides team the educational opportunities to review Fear Free interactions, gain additional Fear Free knowledge, and provide insight on improvements.
28. The practice leadership contacts Fear Free regarding concerns involving Fear Free technique implementation within their staff so that Fear Free can assist their hospital.
29. The practice's new-hire orientation process must demonstrate the inclusion of Fear Free definitions and goals. All full-time employees must be Fear Free Certified and complete the Emergency & Critical Care course. *New hire training refers to those employees of the hospital who work full and/or part-time schedules. Relief veterinarians and technicians should be instructed on Fear Free techniques within the hospital and encouraged to complete the Level 1 Fear Free Veterinary Professional Certification program as well as the Emergency & Critical Care course.*
  1. Utilization of the following educational handouts: *(In development)*
    - a. How to Identify Stress in Emergency Patients
    - b. How to Create a Fear Free ICU Environment
    - c. The Critical Effect of Stress In Debilitated Patients
    - d. Using a Systematic Triage System to Help Reduce Owner Stress and Anxiety

## Category 4: Client and Community Education

30. Client Education to Improve Patient Experience: Team members show knowledge of and demonstrate appropriate delivery of instructions to clients regarding improving the patient's next visit.
  1. Discussion of observed FAS levels and management interventions, including PVN, PVP, pheromones, analgesia, or compression garments, are dispensed, prescribed and/or recommended.
  2. Utilization of the following educational handouts: *(In development)*
    - a. What to Expect During An Emergency or Urgent Care Veterinary Visit
    - b. How to Make Your Pet's Visit to the ER Less Stressful

# Appendix A:

## Fear Free Certified Veterinary Practice: Emergency/Urgent Care

### Required Document Uploads

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

- Valid Veterinary Medical license of medical director, or lead veterinarian, in good standing. License must include the following:
  - Full name of veterinarian
  - State of licensure
  - Expiration date
- Standard Operating Procedure(s) (SOP) to satisfy Standards 1.7-1.9
- SOP to satisfy Standard 1.17
- SOP to satisfy Standard 1.18
- SOPs of the procedures listed in Standard 1.19
- Three (3) completed medical records including answers to Pre-Visit/Triage questions, EMR, FAS, and pain scoring.

### Required Video Uploads

- Video tour of the ICU area including patients hospitalized within cages
  - Be sure that any ambient noise can be heard during this recording
- Video tour of the reception/lobby area and 1 exam room
  - Be sure to notate where patients are weighed
  - Be sure to show area(s) where patients have examinations performed
- Video tour of treatment/procedure area
  - Be sure to show area(s) where patients are examined, and procedures are performed
  - Be sure to show any holding kennel space
- Videos of the following – please note that we are specifically interested in observing how Fear Free techniques and patient handling are utilized during these videos
  - Venipuncture
  - Intravenous catheter placement
  - Administration of at least 1 IV and 1 IM injection(s)
  - Patient preparation for surgery and anesthetic induction
  - Please choose one other procedure from the list in standard 2.21 and submit a video of that procedure

# Appendix B:

## Scoring System (Documents)

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:
  1. Weak (1): Documentation lacks required items
  2. Average (2): Documentation contains some but less than half of the required items
  3. Strong (3): Documentation contains the majority of the required items
  4. 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 on the level to which these items are provided in these areas. **Example Standard 2.25**. Scoring is as follows:
  1. Weak (1): Area has 1 or fewer of the required items
  2. Average (2); Area has at least half of the required items

3. Superior (3): Area has all the required items

## Scoring System (Videos)

Videos submitted for review are scored by reviewers only. The virtual tour and patient handling videos are scored based on Gradient scoring outlined below. The virtual tour is scored based on the inclusion of items outlined in Category 2 of the Certification Standards. Patient handling will be evaluated based on the use of the core concepts of Fear Free and the degree to which they are implemented within practice workflows

Gradient Scoring 1-3: Videos will be scored based upon inclusion of Fear Free concepts within patient handling, workflows, and practice design.

4. Weak (1): 1 or fewer of the required items
5. Average (2): At least half of the required items
6. Superior (3): 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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