



• Peace • Balance • Health •

COVID-19 Health Information & Informed Consent

This document contains important information about your decision to receive services for your pet in light of the COVID-19 public health crisis. Please read and fill out this form carefully and let me know if you have any questions.

COVID-19 Information

Please answer these COVID-19 health questions below:

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Do you now, or have you recently had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)? Yes No
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes No
4. Have you traveled anywhere outside of the state in the last two weeks? Yes No

Location: _____

5. Have you had a new loss of sense of taste or smell? Yes No

Pet Parent Name: _____

Pet Parent Signature: _____

Date: _____

