

**ANIMAL EMERGENCY CENTER
COVID-19 Questionnaire**

1) Have you or anyone in your immediate family or other members of your household traveled internationally within the past 14 days?

Yes _____ No _____

2) Have you or anyone in your immediate family or other members of your household been in physical contact with a COVID-19 infected human or a human exhibiting the signs of the Coronavirus (fever, cough, and/or shortness of breath)?

Yes _____ No _____

3) Are you or anyone in your immediate family, roommates, or other members of your household showing symptoms of the Coronavirus (fever, cough, and/or shortness of breath)?

Yes _____ No _____

Pet Name: _____

Owner Name: _____ Date: _____

Owner Signature: _____

***PLEASE FILL ALL INFORMATION ON THIS FORM AND THE
SUBSEQUENT CLIENT INFORMATION SHEET IN ITS ENTIRETY***