



CLIENT HEALTH QUESTIONNAIRE

PRIOR TO THE START OF MY APPOINTMENT, I CONFIRM THAT:

_____ I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks

_____ I am not currently waiting for COVID-19 test results

_____ I have not been exposed to anyone who tested positive for COVID-19 in the past two weeks

_____ I have not been exposed to anyone who is currently waiting for test results for COVID-19

_____ I have not shown symptoms of COVID-19 or come in contact with anyone exhibiting these symptoms in the past two weeks

_____ I have not traveled outside of my immediate daily routine for the past two weeks

_____ I do not currently have a cough, fever, muscle pain, headache, chills, sore throat, shortness of breath, or loss of taste or smell

_____ If I begin to show symptoms of COVID-19 within the next two weeks, I will contact West Palm Animal Clinic

_____ I will follow all posted clinic rules to keep myself, the staff and those around me safe

Signature _____

Printed Name _____ Pet Name: _____

Date _____ Phone Number _____