

**Screening Questions Before Coming In For An Appointment:**

“Given the current, we are conducting active screening for potential risks of COVID-19 with everyone entering the building to ensure the safety and well-being of everyone.”

**Please answer the following questions below:**

**1. Do you have any of the following symptoms:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fever or chills        | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Extreme fatigue or tiredness |
| <input type="checkbox"/> Cough                  | <input type="checkbox"/> Sore throat          | <input type="checkbox"/> Nausea or vomiting           |
| <input type="checkbox"/> Loss of sense of smell | <input type="checkbox"/> Headache/Body aches  | <input type="checkbox"/> Diarrhea                     |
| <input type="checkbox"/> Loss of sense of taste | <input type="checkbox"/> Loss of appetite     |   |

Yes    No

**2. Have you traveled internationally within the last 14 days (outside Canada)?**

Yes    No

**3. Have you had close contact with a confirmed or probable COVID-19 case?**

Yes    No

Client's Full Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_      Signature: \_\_\_\_\_

If you have answered **YES** to any of the questions above there will need to be other arrangements made for your pet's appointment.

Please **CANCEL** and **RESCHEDULE** your appointment dates to when you are cleared from quarantine as directed by BC health authorities.