



Please fill out the following survey in order to accompany your pet into our hospital for their visit. If you are experiencing symptoms or have been recently exposed, we respectfully ask that you remain in your car for the duration of the visit. **Please do not hesitate to call the hospital at (847) 698-2123 if you have questions regarding this.**

1.) Do you have any of these symptoms that are not caused by another condition?*

- | | |
|--|--|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Recent loss of taste or smell |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Congestion |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Headache | |

2.) Within the past 14 days, have you been in close contact with anyone that you know had COVID-19 or COVID-like symptoms?

Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on).*

- Yes No

3.) Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?*

- Yes No

4.) Within the past 14 days, has a public health or medical professional told you to selfmonitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?*

- Yes No

Signature: _____ Date: _____