



## Mililani Mauka Veterinary Clinic

### COVID-19 Questionnaire

1. Have you or anyone in your household tested positive for COVID-19 in the past 14 days? Or have you been in direct physical contact with someone who has tested positive for COVID-19 in the past 14 days?

YES or NO

2. Have you or anyone in your household had any flu-like or common cold-like symptoms in the past 14 days? Symptoms include but not limited to fever, cough, sneezing, sore throat, running nose, and/or body aches.

YES or NO

3. Have you or anyone in your household traveled outside of the State of Hawaii within the past 10 days?

YES or NO

Please initial next to the following statements:

\_\_\_\_\_ : I understand that if I answered "YES" to any of the questions above or my current temperature exhibits a low-grade fever (100.4 degrees F or higher), my appointment may be cancelled immediately and rescheduled to a later date.

\_\_\_\_\_ : I understand all the potential risks and complications related to COVID-19 and would like to proceed with services provided at Mililani Mauka Veterinary Clinic.

\_\_\_\_\_ : I understand that I must properly wear my mask while receiving services or on Mililani Mauka Veterinary Clinic property to help prevent the spread of contagious viruses and protect others.

\_\_\_\_\_ : I understand that if I am allowed into the clinic, entering the exam room is prohibited. (Pet guardians will be able to see from exam room doorway.)

\_\_\_\_\_ : I understand that if I do not follow the clinic's guidelines, I may be asked to exit the clinic and return to my vehicle for the remainder of the appointment.

I have completed this questionnaire truthfully to the best of my knowledge. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document may be released to the Department of Health at any time for COVID-19 tracing purposes.

Client's Name: \_\_\_\_\_ Pet's Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you are not the primary pet guardian, please provide your phone number, address, and email for contact tracing purposes.

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