

Lake Orion Veterinary Hospital
Admittance to the Exam Rooms

Date: _____ Appointment Time: _____

Client's Name: _____ Phone Number: _____

Pet's Name: _____ Make & Color of Vehicle: _____

1	What kind of appointment would you like to have today?	Curbside In-house
2	<p>We have special criteria to follow for in-house visits. Please read and choose “Y” if you agree to abide by them. (You may still choose a curbside visit, if you do not agree.)</p> <ul style="list-style-type: none"> ★ Only one person may enter the hospital with the pets. (No children admitted at this time, due to the one person limitation.) ★ Masks must be worn while in the building. ★ You will be escorted into the building to an exam room, and will be escorted out of the building by the back door. ★ Our restrooms are not open to the public, per Executive Order 20-103. 	Y / N Y / N Y / N Y / N
3	<p>Have you experienced any of the CDC's specified symptoms of COVID-19? (You don't to tell us which ones—just Y or N)</p> <ul style="list-style-type: none"> ★ Cough ★ Shortness of breath ★ Fever of 100.4 or greater, chills, muscle pain, headache, sore throat ★ New loss of taste or smell 	Y / N
4	Have you been exposed to anyone with these symptoms?	Y / N
5	Have you tested positive for COVID-19, or are you waiting for test results on a COVID-19 test?	Y / N
6	Have you been exposed to anyone who has tested positive, or is waiting on COVID-19 test results?	Y / N
7	Have you (or has anyone in your home) traveled outside Michigan in the last 28 days?	Y / N

Thank You for your help and your patience!

_____ Initials of LOVH Staff Check-in