

Lake Orion Veterinary Hospital
Questionnaire for Admittance to the Exam Rooms
for Essential and Non-essential In-house Appointments

Your Name: _____

Date: _____

Phone number: _____

Name of pet: _____

1	Have you experienced any of the CDC's specified symptoms of COVID-19? <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	<input type="checkbox"/> YES / <input type="checkbox"/> NO
2	Have you been exposed to anyone with these symptoms?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
3	Have you tested positive for COVID-19, or are you waiting for test results on a COVID-19 test?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
4	Have you been exposed to anyone who has tested positive, or is waiting on COVID-19 test results?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
5	Have you (or has anyone in your home) traveled outside Michigan in the last 28 days?	<input type="checkbox"/> YES / <input type="checkbox"/> NO