



Veterinary Cardiology Consultants

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COVID-19 SAFETY SCREENING

If someone in your pet's environment has potentially been exposed to COVID-19 **we will still see your pet**, but we need to know so that we can take extra precautions while caring for your pet. Pets can carry the virus on their fur. If anyone in this pet's household has had a fever in the past 14 days, or has been exposed to someone suspected of having (or tested positive for) COVID-19, you must answer **YES** to the following question.

Our number one goal is to keep everyone safe: Is there anyone in this pet's environment with a fever or potential COVID-19 exposure? _____

CLIENT INFORMATION

Owner's Name: _____ Spouse/Other: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Owner's Employer: _____ Work #: _____
Driver's License Number _____ Date of Birth: _____

ANIMAL INFORMATION

Animal's Name: _____ Age: _____ Species: _____
Breed: _____ Male: _____ Female: _____ Spayed/Neutered: _____
Reason for visit today: _____
Is your pet taking any medication? If yes, please list: _____
Does your pet have any other health problems? _____

YOUR VETERINARIAN'S INFORMATION

Office Use: preferred method of receiving reports: _____

Regular Veterinarian: _____ Phone #: _____
Clinic Name: _____ Fax #: _____

I am the owner of the above pet, or am acting as an agent for the owner, and accept full responsibility for fees involved with the care and treatment of this pet. I give permission to proceed with any medical or surgical therapy as needed and discussed with the doctor. I can be contacted at the above phone numbers to be advised and give consent to any unforeseen changes. I also understand all professional fees are due at the time services are performed.

Owner's Signature: _____ Date: _____