

Wildwood Veterinary Hospital
1115 Luchessi Drive, San Jose, California 95118
408.265.8811

Health Care Facility Compliance Form

Client: _____ Patient(s): _____

To the best of my knowledge, no one in my household has been sick or has come into contact with anyone who may have been exposed to COVID-19. *Initials:* _____

I agree to wear a face mask, regardless of vaccine status, when interacting with the Wildwood Veterinary Hospital Staff. *Initials:* _____

I agree to social distance and stand 6 ft away from Wildwood Veterinary Hospital Staff whenever possible. *Initials:* _____

I acknowledge that neither I nor anyone in my household has had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit. *Initials:* _____

I acknowledge that neither I nor anyone in my household has cared for an individual who is in quarantine, presumed positive, or has tested positive for COVID-19. *Initials:* _____

Have you or anyone in your household been tested for COVID-19 within the last 14 days? Yes / No
If so, what was the result? _____

Please list the name and phone numbers where you can be reached regarding your pet(s) exam.
Please make sure to answer your phone when we call in order for your animal to receive care in a timely manner.

Not answering your phone will result in the delay of treatment for your animal.

1. Name _____ Phone # _____

2. Name _____ Phone # _____

Please give us the Make, Model and Color of your vehicle you have arrived in today to better serve you.

Make _____, Model _____, Color _____

By signing below, I hereby state I am of legal age and am financially responsible for the aforementioned patient.

Signature: _____ Date: _____