

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

Health Care Facility Compliance Form

Client: _____ Patient(s): _____

I acknowledge that I am the primary caregiver for the above patient(s) and am capable of making all decisions for the above patient(s) care.

Initials: _____

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

Initials: _____

I agree to wear a face mask, regardless of vaccine status, while inside Wildwood Veterinary Hospital at all times, including when alone in the exam room.

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? _____

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

Signature: _____ Date: _____