

Veterinary Physiotherapy Pre-Screening Form

Thank you for your interest in booking an appointment for your pet. The current State of Emergency requires that we take certain precautions prior to agreeing to see your pet for a consultation. Included in these measures is the requirement to obtain the following information from you:

1. PREAMBLE: Please note that only 1 person will be allowed accompany the pet. In the case of equine patients, only one person may assist the physiotherapist with the horse, and only if required. In the case of dog/cat appointments, the accompanying person is requested to remain in their vehicle and remove any collars or leashes from the pet. Your pet will be collected from your vehicle unless special arrangements are required. The person collecting your pet will likely be wearing Personal Protective Equipment such as a mask or face shield. This is a safety precaution, so please do not be alarmed. Feedback will be provided after the session, during which appropriate social distancing is to be maintained. Please discuss with the physiotherapist which contactless payment options they have available - these may include Snapscan, Zapper or EFT. Please come prepared to pay for the consultations by these alternative methods. Cash and Card payments are not recommended

Check all that apply.

I have read and understood this Preamble

2. 1. Name and ID number of the person bringing the pet.

3. 2. Has the person accompanying the animal travelled internationally in the last 4 weeks.

Mark only one oval.

Yes

No

4. 3. Is the person accompanying the animal currently attending work in an office environment

Mark only one oval.

Yes

No

5. 3b. If you answered 'yes' to the question above, is there an infection control and health monitoring protocol in place at this place of work.

Mark only one oval.

Yes

No

6. 4. Have you been in contact with any person who has tested positive for COVID-19 in the past 2 weeks?

Mark only one oval.

Yes

No

7. 5. Please tell us whether you have experienced any of the following symptoms in the past week:

Check all that apply.

Raised temperature (fever)

Chills

Cough

Sore throat

Shortness of breath

Myalgia (body pains)

8. Declaration

Check all that apply.

I hereby declare that I have answered the above question truthfully and to the best of my knowledge. I understand that any false declaration made on this form is a criminal offence, and may result in legal action in the case of a COVID-19 infection that can be traced to me

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