



COVID-19 health declaration form

To prevent the spread of Covid 19 and to reduce the risk of exposure and infection to humans and pets, we are conducting a simple screening questionnaire and health declaration form with our customers.

Your participation is important to help us take all the precautionary measures we can to protect you and everyone else involved by providing our services. Thank you for your time.

Your Declaration

Customer name:	Name of pet:
Service resume date:	Contact number:

1.	Are you self-isolating because you or a member of your household has been diagnosed with, or is displaying symptoms of Covid 19 in the past 14 days? (Continuous cough Temperature Tiredness) Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Have you or has any member of your household any reason to suspect they may have been in contact with someone suffering from Covid 19 symptoms, within the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you been to any Covid 19 affected countries in the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Are you classed as a 'shielded' or 'vulnerable' person? Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Are you or is a member of your household classed as an 'essential' worker? Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Has your pet appeared 'sick', unwell or behaved unusually within the last 48 hours? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please note, we regret, but we cannot accept a pet that has been sick within the last 48 hours)
7.	Are your pet's veterinary vaccinations, flea and parasite treatments up to date? (we reserve the right to ask for copies) Yes <input type="checkbox"/> No <input type="checkbox"/>

I have read and understood my responsibilities as laid out in your Pet Care Covid 19 Policy and Procedures. I have answered the questions above, truthfully. I have taken note of the common areas of risk and will do everything in my power to minimise them.

Signature.....

Date.....

Please email this **Pet Care Covid 19 Health Declaration Form** or a photo of it, completed and signed by you to wagnboneadventures@gmail.co.uk. This should be received by us prior to us resuming service Thank you.