

Please answer the following questions.

1. Do you have a cough or a fever? Do you feel sick?

YES NO

2. Are you on a quarantine?

YES NO

3. Did you have contact with someone who has returned from abroad in the last 2 weeks?

YES NO

4. Have you been abroad in the last 2 weeks?

YES NO

5. Do you live with someone who is sick or is on a quarantine?

YES NO

I am aware of the epidemiological threat and the consequences that I may cause by providing false information. I am aware of the importance of medical staff safety, so they can help animals in need. I declare that the information provided by me is true / consistent with my current state of knowledge. I am obligated to immediately inform the clinic if I become aware of any information, that may affect the safety of medical staff and clients.

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Data

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Signature