

COVID-19 DECLARATION



STRICTLY PRIVATE & CONFIDENTIAL

Due to the ongoing and rapidly changing situation with Covid-19, I require all clients to fill out this self-declaration form.

Owners Name	
Address	
Contact No	
Email	

Dogs Name		Breed		Sex	
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	Yes	No
Have you or a member of your household come in close contact with a known COVID-19 suffer in the last 14 days		
Over the last 7 days, have you come into contact with someone who has a fever higher than 38c or a persistent non allergic dry cough		
Have you been designated as a shielded person		
Had a fever of 38c / 100f or higher		
Had a persistent		
<ul style="list-style-type: none">Dry cough, with the exception of seasonal allergies, hay fever, chronic asthma and other known chronic respiratory conditions		
<ul style="list-style-type: none">Breathlessness		
<ul style="list-style-type: none">Sore throat		
<ul style="list-style-type: none">Other please specify		
Have you or a member of your household travelled abroad in the last 14 days		

I undertake to keep K9 Bodycare updated on my health, should there be any changes to the answers given above. Whilst I recognise that all due care will be taken by Jayne of K9 Bodycare, I take full responsibility for any issues arising from my dogs treatment.

Signature

Date

The health and safety of all, is my first priority and therefore K9bodycare reserves the right to cancel any appointment, should this be deemed necessary