



COVID-19 Animal Test Approval Form

Submitting Veterinarian Information

Veterinarian's Name: _____ Telephone: _____

Veterinarian's Email: _____

Veterinary Clinic: _____ Date: _____ Time: _____

Owner's Name: _____ Telephone: _____

Address: _____
Street City Zip code County

Patient name: _____ AGE _____ DOB _____ SEX _____ Species _____

Questions for the Owner

Did the animal to be tested come from a confirmed positive COVID-19 household? YES NO

Was the animal recently adopted from a rescue/shelter/humane society? YES NO

If the animal is a dog:

Has it been vaccinated for DA2P? YES NO Bordetella / Parainfluenza? YES NO

If the animal to be tested is a cat:

Has it been vaccinated for FRCP? YES NO Is the cat to be tested primarily: Inside / Outside/ Both

Symptoms

- Fever _____
- Nasal discharge
- Cough
- Diarrhea
- Dehydration
- Anorexia
- Inappetence
- Other _____

Diagnostics

- Respiratory PCR test YES NO
 - CBC YES NO if yes attach
 - Chemistry YES NO if yes attach
 - Other diagnostics? YES NO
- _____

Consultation Step

Public health Vet/ODA Vet

Decision to test? Yes No

Test Results: _____

Special considerations/Comments: _____