

## COVID-19 Hospital Policies Consent Form

To avoid unnecessary health risk to our clients and to our veterinary health care team, in-person appointments must abide by the following Centers for Disease Control Rules:

\_\_\_ Only two family members are allowed in with each patient. If more family members wish to be present for the consultation, they are able to join us via Zoom.

\_\_\_ Upon arrival at ABWC, I am to park in one of the 6 designated “Barking Spots” (located along the grassy area facing Route 50) and am to call the office to let them know of my arrival. I am allowed to take my pet out for elimination purposes, but understand that I am to maintain social distance of 6 feet from other clients or tenants of the complex and should stay near my vehicle to ensure I can be found when it is time for my appointment.

\_\_\_ I understand that I will be required to wear a mask at all times when I am in the hospital. Staff will also be wearing masks for my protection. If I do not personally own a mask, a disposable one will be provided for me. NOTE: there are no exceptions to this policy for everyone’s safety (see below for additional options).

\_\_\_ I understand that I will need to take my temperature upon entry into the facility using a no touch laser forehead thermometer. If my temperature is above 99, I will be asked to reschedule my appointment for a later date. All ABWC staff are required to take their temperature upon arriving at work. If a staff member has a temperature above 99, they will be sent home immediately. Those with fevers persisting longer than 24 hours will not be allowed back to work until a negative COVID test is obtained.

\_\_\_ If for medical reasons I am unable to wear a mask, or am unable to attend an in-person appointment, the consultation can be performed over Zoom. HOWEVER, an in-person visual and/or physical examination by the attending veterinarian will be required to be performed in our parking lot PRIOR to the remote consultation.

**\*\*If this statement applies to you, please let our staff know right away so arrangements can be made for the in-person physical exam of your pet prior to the consult.\*\***

\_\_\_\_\_  
Owner’s Name Printed

\_\_\_\_\_  
Pet’s Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### Animal Behavior Wellness Center

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