

## Animal Services

Name of Owner	
Residential Address	
Number of People residing at address listed	<b>One Per person</b>

### Essential and Urgent

#### Services Municipal

- ❖ Pick up of contained animals (running at large, sick or injured)
- ❖ Animals on the highway or in traffic (safety concern)
- ❖ Standards of Care \*
- ❖ Protective custody \*
- ❖ Police assistance
- ❖ Dog bites \*

\*Case by case assessment

### Pre-Screening Questionnaire

1. Are you or anyone in your household currently self-isolating or quarantined?  

Yes
No
2. Does anyone at this address have a history of travel to a COVID-19 impacted country within 14 days of onset of symptoms?  

Yes
No
3. Does anyone at this address have a history of travel to a COVID-19 impacted country within 14 days of onset of symptoms?  

Yes
No
4. Has anyone at this address had close contact with a confirmed or presumptive case of COVID-19?  

Yes
No
5. Has anyone at this address had close contact with a person with acute respiratory illness who has travelled to a COVID-19 Impacted country within 14 days of onset of illness?  

Yes
No

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Date

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Signature

**PLEASE NOTE** - If you answered "Yes" to any of the questions above, an appointment will be booked later.