Los Angeles County Veterinary Public Health Program

SARS-CoV-2 Pet Testing Request Form

If your pet was exposed to a person with COVID-19 within the past 7 days (regardless of if your pet is sick), your pet is eligible for free testing for SARS-CoV-2 (the virus that causes COVID-19).

What date wa	as your pet <i>first</i>	exposed to	someone with COVID-	19?

First Name, Last Name:	PET OWNER INFORMATION			PET INFORMATION		
institatile, Last Italile.		Pet Name:				
Address (Street, City, Zip	b) :		Species Dog Other		Breed, if applicable	
Phone	Email		Sex Male DF Spayed/I		Age (years, months)	
Any symptoms in pet? \Box	Yes □No If	yes, what date o	lid the sympton	ns start?_		
Symptoms in pet, if any □Coughing □Diar □Eye Discharge □Shor □Other (please specify):	rhea rtness of Breath	□Fever □Sneezing	□Lack of er □Vomiting		□Runny nose/discharge	
your pet's mouth aAfter collecting the	testing swab from nd throat. swab, we will cont	outside of your	door and will wa	it while yo	our home. ou gently swab the inside of s within 5 business days. n-5pm) with any questions.	
		FOR VPH US	E ONLY:			
		Date of san	anla collection	Time	VPH Staff Member	

SARS-CoV-2 Short Report Form					
Updated: 9/27/2023	Los Angeles County Department of Public Health,	Phone: 213-288-7060 (M-F, 8-5)			
	Veterinary Public Health Program	Email: vet@ph.lacounty.gov			

