Visitor Questionnaire

Name: ____________________________________________________________

Address: __________________________________________________________

Phone Number: ____________________________________________________

Date of Visit: _____________________________________________________

Reason for Visit: ___________________________________________________

Does your visit require viewing or handling the animals at this facility? ______

1. Have you traveled outside the U.S. in the last 14 days? (circle one)  Yes  or  No
   If yes, what country(s) did you visit or originate from and when? ____________________________________________

2. Have you had livestock contact in the last 5 days? (circle one)  Yes  or  No
   If yes, what species and when? ___________________________________________

3. Has the clothing (or footwear) you are currently wearing been worn around livestock? (circle one)  Yes  or  No

Guest Signature  Date

Approval Signature  Date

If you answered yes to question #1, depending on country, contact with animals may not be allowed.

If you answered yes to question #2 and/or #3, protective clothing will be provided.