

**Figure S1: Facility Questionnaire for Animal Shelters with Animals Exposed to Persons with COVID-19**

*Instructions: A facility-level questionnaire should be completed by an adult ( $\geq 18$  years old) representative from each facility that houses animals in a congregate setting and has identified a COVID-19 positive human case*

Facility ID: _____
Date interview completed: / / (MM/DD/YYYY)
Type of interview: <input type="checkbox"/> On-site (in person) <input type="checkbox"/> Off-site (by phone) <input type="checkbox"/> Other (specify): _____
Interviewer name and organization: _____
Respondent's name: _____
Respondent's position at the facility: _____
Respondent's phone number: _____
<b>Instructions: All questions and answers in this survey will remain confidential. I will begin by asking you some questions related to the facility. Please answer to the best of your ability.</b>
<ol style="list-style-type: none"> <li>1. Facility name: _____</li> <li>2. Type of facility: <input type="checkbox"/> County, city, or state-funded animal services facility <input type="checkbox"/> Privately funded animal shelter, rescue, or sanctuary <input type="checkbox"/> Animal rehabilitation facility <input type="checkbox"/> Animal breeding facility <input type="checkbox"/> Animal distribution facility <input type="checkbox"/> Pet retail store <input type="checkbox"/> Zoological park <input type="checkbox"/> Other (please describe) _____</li> <li>3. Total number of employees (paid or non-paid) at facility: _____</li> <li>4. Total number of volunteers at facility: _____</li> <li>5. Total number of employees (paid or non-paid) that have contact with animals in the facility on a given day: _____</li> <li>6. Total number of volunteers that have contact with animals in the facility on a given day: _____</li> <li>7. How many animals of each species are currently being housed within the facility?               <ol style="list-style-type: none"> <li>a. Dogs: _____</li> <li>b. Cats: _____</li> <li>c. Ferrets: _____</li> <li>d. Rabbits: _____</li> <li>e. Small Mammals: _____</li> <li>f. Livestock (horses, cattle, pigs, small ruminants): _____</li> <li>g. Other (please describe): _____</li> </ol> </li> <li>8. What is the maximum animal holding capacity within the facility?               <ol style="list-style-type: none"> <li>a. Dogs: _____</li> <li>b. Cats: _____</li> <li>c. Ferrets: _____</li> <li>d. Rabbits: _____</li> <li>e. Small Mammals: _____</li> <li>f. Livestock (horses, cattle, pigs, small ruminants): _____</li> <li>g. Other (please describe): _____</li> </ol> </li> <li>9. Is there a veterinarian on staff at the facility? <input type="checkbox"/> Yes, full-time <input type="checkbox"/> Yes, part-time <input type="checkbox"/> No <input type="checkbox"/> Other (please describe) _____</li> <li>10. Is there a veterinary clinic at the facility? <input type="checkbox"/> Yes, full clinic that will see both shelter and client-owned animals <input type="checkbox"/> Yes, only for shelter animals <input type="checkbox"/> No <input type="checkbox"/> Other (please describe) _____</li> <li>11. Does the facility routinely run diagnostic testing for respiratory and gastrointestinal pathogens? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable If yes, describe: _____</li> <li>12. Has the facility had cases of undiagnosed respiratory or gastrointestinal diseases within since the last known date that animals may have been exposed to a COVID-19 human case in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable If yes, describe: _____</li> </ol>
<b>Instructions: Now I will ask you some COVID-19 related questions about how your facility has addressed and managed COVID-19. As a reminder, all questions and answers in this survey will remain confidential. Please answer to the best of your ability.</b>

13. Of the persons with COVID-19 that potentially exposed animals in your facility, were they:
- Employees (paid or non-paid): \_\_\_\_\_
  - Volunteers: \_\_\_\_\_
  - Other visitors to the facility: \_\_\_\_\_
  - How many of these people had direct animal contact? \_\_\_\_\_
  - When was the first date of likely animal exposure to COVID-19 within the facility? \_\_\_\_\_
  - When was the last date of likely animal exposure to COVID-19 within the facility? \_\_\_\_\_
14. Of the persons suspected with COVID-19 (symptoms consistent with COVID-19 with or without pending testing) that potentially exposed animals in your facility, were they:
- Employees: \_\_\_\_\_
  - Volunteers: \_\_\_\_\_
  - Other visitors to the facility: \_\_\_\_\_
  - How many total people who potentially exposed animals in the facility have pending tests? \_\_\_\_\_
  - When was the first date of likely animal exposure? \_\_\_\_\_
  - When was the last date of likely animal exposure within the facility? \_\_\_\_\_

**Instructions. The following questions relate to the COVID-19 workplace health and safety plan for the facility, please answer to the best of your ability, reflecting the policies in place during the time period in which exposures occurred**

15. Plans have been developed to continue essential functions with a reduced workforce: ☐ Yes ☐ No ☐ Don't know
16. Pre-shift health screening (ex. temperature or symptom check) has been considered or implemented:  
☐ Yes, considered: ☐ Yes, considered ☐ Yes, implemented ☐ No ☐ Don't know
17. Visitor health screening has been considered or implemented:  
☐ Yes, considered ☐ Yes, implemented ☐ No ☐ Don't know
18. Policy in place for managing workers with potential exposure to COVID-19: ☐ Yes ☐ No ☐ Don't know  
*If yes, describe:* \_\_\_\_\_
19. Policy in place for managing workers with COVID-19: ☐ Yes ☐ No ☐ Don't know  
*If yes, what are plans for workers who:*
- Are ill prior to coming to work? \_\_\_\_\_
  - Are ill at pre-shift screening? \_\_\_\_\_
  - Become ill while at work? \_\_\_\_\_
  - Test positive, regardless of symptoms? \_\_\_\_\_
20. Leave policies are flexible, non-punitive, and encourage ill employees to stay home: ☐ Yes ☐ No  
☐ Other, please describe: \_\_\_\_\_
21. Policy in place for managing return-to-work for workers with COVID-19: ☐ Yes, symptom based ☐ Yes, time based  
☐ Yes, test based ☐ No ☐ Don't know  
*If yes, describe:* \_\_\_\_\_
22. Standard operating procedures for cleaning, disinfection, and sanitation in the facility have been reviewed and modified as necessary for COVID-19: ☐ Yes ☐ No ☐ Don't know ☐ Not applicable  
*If yes, describe:* \_\_\_\_\_  
*If yes, has this been distributed to employees and/or volunteers for awareness?* ☐ Yes, employees ☐ Yes, volunteers  
☐ No ☐ Don't know ☐ Not applicable
23. Restriction on public access to the facility (e.g., appointment only): ☐ Yes ☐ No ☐ Don't know ☐ Not applicable  
*If yes, describe:* \_\_\_\_\_
24. Modified adoption procedures: ☐ Yes ☐ No ☐ Don't know ☐ Not applicable  
*If yes, describe:* \_\_\_\_\_
25. Modified intake procedures for surrendered animals: ☐ Yes ☐ No ☐ Don't know ☐ Not applicable  
*If yes, describe:* \_\_\_\_\_
26. When a person surrender an animal to the facility, do staff ask if the animal has been exposed to the virus that causes COVID-19? ☐ Yes ☐ No ☐ Don't know ☐ Not applicable
27. If an animal is reported to have had an exposure to the virus that causes COVID-19, either prior to intake or while within the facility, are there modified procedures in place for intake and housing of this animal? ☐ Yes ☐ No ☐ Don't know ☐ Not applicable

If yes, describe: \_\_\_\_\_

28. Is there an area designated for animals exposed to SARS-CoV-2 (e.g., isolation or quarantine room)?  
☐ Yes, this area only houses animals exposed to SARS-CoV-2  
☐ Yes, this is a general quarantine area that houses animals exposed to SARS-CoV-2 as well as animals with other medical conditions or exposures  
☐ No ☐ Don't know ☐ Not applicable If yes, describe: \_\_\_\_\_
29. Are there areas within the facility where animals are able to co-mingle with each other (e.g. a waste elimination area, play area)? ☐ Yes, outdoor waste elimination area ☐ Yes, outdoor play area ☐ Yes, indoor area ☐ No  
 If yes, describe: \_\_\_\_\_
30. How often are animal housing (cages, kennels, runs) disinfected per day? ☐ Less than once per day ☐ Once a day  
☐ Twice a day ☐ Three or more times a day  
 a. If yes, what disinfectant is used (include concentration, if available)? \_\_\_\_\_
31. Are employees (paid or non-paid) required to wear any of the following while they are in the facility?  
 b. Cloth face coverings or disposable surgical-style masks: ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 c. Respirator (ex. N95): ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 d. Eye protection: ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 e. Disposable gloves: ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 f. Gown or coveralls: ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 g. Rubber boots or shoe covers: ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 h. Other: ☐ Yes ☐ No ☐ Don't know  
 If yes, describe: \_\_\_\_\_
32. If required, are cloth face coverings and PPE being provided to employees? ☐ Yes ☐ No ☐ Not applicable
33. Are volunteers required to wear any of the following while they are in the facility?  
 i. Cloth face coverings or disposable surgical-style masks: ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 j. Respirator (ex. N95): ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 k. Eye protection: ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 l. Disposable gloves: ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 m. Gown or coveralls: ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 n. Rubber boots or shoe covers: ☐ Yes ☐ No ☐ Don't know  
 If yes, when is this required: \_\_\_\_\_  
 o. Other: ☐ Yes ☐ No ☐ Don't know If yes, describe: \_\_\_\_\_
34. If required, are cloth face coverings and PPE being provided to volunteers? ☐ Yes ☐ No ☐ Not applicable
35. Has training been provided on infection prevention and PPE use for employees and/or volunteers?  
☐ Yes, employees only ☐ Yes, employees and volunteers ☐ No
36. Is there an area for donning and doffing (putting on and taking off) PPE? ☐ Yes ☐ No ☐ Not applicable
37. Are there challenges in sourcing PPE? ☐ Yes ☐ No ☐ Don't know ☐ Not applicable

**Instructions: This is the end of the facility questionnaire. Thank you for your time!**

**Figure S2: Individual Animal Questionnaire for Shelter Animals Exposed to Persons with COVID-19**

*Instructions: A separate, individual animal questionnaire should be completed by an adult (≥ 18 years old) representative from each facility for each companion animal within the facility that may have had contact with a COVID-19 positive human case.*

Facility ID: _____		
CDC-assigned Animal ID: _____		
State/Local Health Department: _____		
Date interview completed: / / (MM/DD/YYYY)		
Type of interview: <input type="checkbox"/> On-site (in person) <input type="checkbox"/> Off-site (by phone) <input type="checkbox"/> Other (specify): _____		
Interviewer name and organization: _____		
Respondent's name: _____		
Respondent's position at the facility: _____		
Respondent's phone number: _____		
<b>Prompt: All questions and answers in this survey will remain confidential. The first section asks questions about the individual animal. Please answer to the best of your ability.</b>		
38. Animal name: _____		
39. Who owns the animal?: <input type="checkbox"/> Private citizen (plus court holds) <input type="checkbox"/> Facility/municipality <input type="checkbox"/> Stray hold <input type="checkbox"/> Don't know <input type="checkbox"/> Other (specify): _____		
a. If owned by a private citizen, has proper consent from the owner been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		
40. Shelter-assigned animal ID (e.g., intake ID): _____		
41. Animal species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Rabbit <input type="checkbox"/> Other (please describe) _____		
a. Breed/Description: _____		
42. Age of the animal: _____ years/months (circle one)		
43. Sex of the animal: <input type="checkbox"/> Male, intact <input type="checkbox"/> Male, neutered <input type="checkbox"/> Female, intact <input type="checkbox"/> Female, spayed		
44. Has the animal received any of the following vaccinations? (check all that apply):		
Vaccinations	Last date administered (MM/DD/YYYY)	
<input type="checkbox"/> Rabies		
<input type="checkbox"/> Feline Infectious Peritonitis (FIP)/ Feline coronavirus (FCoV) coronavirus (FIP)		
<input type="checkbox"/> Canine coronavirus		
<input type="checkbox"/> Don't know	n/a	
<input type="checkbox"/> None	n/a	
45. Did the animal have any health conditions prior to coming into contact with the staff diagnosed with COVID-19? <input type="checkbox"/>		
Yes, one condition <input type="checkbox"/> Yes, two conditions <input type="checkbox"/> Yes, 3 or more conditions <input type="checkbox"/> No <input type="checkbox"/> Don't know		
a. If yes, describe the conditions and their start date: _____		
b. If yes, is the animal on any medications or supplements for these conditions?: _____		
46. Since coming into contact with the person(s) or animal(s) diagnosed with SARS-CoV-2 infection, has the animal developed any of the following symptoms?		
Condition	Date of Onset (MM/DD/YYYY)	Date of Resolution (MM/DD/YYYY)
<input type="checkbox"/> Coughing	____/____/____ <input type="checkbox"/> Date unknown	____/____/____ <input type="checkbox"/> Not resolved
<input type="checkbox"/> Sneezing	____/____/____ <input type="checkbox"/> Date unknown	____/____/____ <input type="checkbox"/> Not resolved

<input type="checkbox"/> Runny nose	____/____/____	<input type="checkbox"/> Date unknown	____/____/____	<input type="checkbox"/> Not resolved
<input type="checkbox"/> Eye discharge	____/____/____	<input type="checkbox"/> Date unknown	____/____/____	<input type="checkbox"/> Not resolved
<input type="checkbox"/> Difficulty breathing or shortness of breath	____/____/____	<input type="checkbox"/> Date unknown	____/____/____	<input type="checkbox"/> Not resolved
<input type="checkbox"/> Lethargy	____/____/____	<input type="checkbox"/> Date unknown	____/____/____	<input type="checkbox"/> Not resolved
<input type="checkbox"/> Vomiting	____/____/____	<input type="checkbox"/> Date unknown	____/____/____	<input type="checkbox"/> Not resolved
<input type="checkbox"/> Diarrhea	____/____/____	<input type="checkbox"/> Date unknown	____/____/____	<input type="checkbox"/> Not resolved
<input type="checkbox"/> Other (please describe):	____/____/____	<input type="checkbox"/> Date unknown	____/____/____	<input type="checkbox"/> Not resolved

47. Has any diagnostic testing been performed related to these new symptoms? ☐ Yes ☐ No ☐ Don't know

a. If yes, what testing was performed? \_\_\_\_\_

48. Has the animal been treated for these new symptoms? ☐ Yes ☐ No ☐ Don't know ☐ Not applicable

a. If yes, what treatments were given? \_\_\_\_\_

b. If treatments given, what did they start and end? \_\_\_\_\_

49. What was the animal's shelter intake date (most recent): \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

50. What was the reason for the animal's intake?

☐ Surrender related to COVID-19 (e.g., illness or death of owner from COVID-19)

☐ Owner surrender unrelated to COVID-19

☐ Stray/loose animal (includes animals picked up by staff in the field and animals brought to the facility by the public)

☐ Confiscation/Cruelty

☐ Bite hold

☐ Returned by adopter or foster

☐ Transferred from another facility (e.g. animal shelter)

☐ Other, specify: \_\_\_\_\_

☐ Don't know

a. If the animal was surrendered due to COVID-19, indicate why:

☐ Owner or member of family passed away from COVID-19

☐ Owner or member of family is ill with COVID-19

☐ Financial concerns related to COVID-19

☐ Concerns related to animals spreading the virus that causes COVID-19

☐ Don't know

☐ Other, specify: \_\_\_\_\_

**The next section asks some additional questions related to how the animal may have been exposed to SARS-CoV-2 within the facility.**

51. How was the animal exposed to SARS-CoV-2? (mark all that apply)

☐ Shelter employee (paid or unpaid)

☐ Shelter volunteer

☐ Shelter visitor (e.g., rescue group)

☐ Previous or current owner

c Another pet in the previous home (specify): \_\_\_\_\_

☐ Shelter cat

- ☐ Shelter dog  
☐ Other, specify: \_\_\_\_\_  
☐ Don't know

52. What was the duration of interaction between the animal and person(s)/animal(s) confirmed to have COVID-19?  
☐ < 1 hr ☐ 1-3 hours ☐ 4-6 hours ☐ 7-9 hours ☐ 10-12 hours ☐ 12+ hours ☐ Don't know

53. When was last time the animal was exposed to a person with SARS-CoV-2? Please give your best estimate:    /    /  
 (MM/DD/YYYY) ☐ Don't know

54. Types of interaction/contact with the human cases (mark all that apply):

- ☐ Going for walks or play yards                      ☐ Petting/cuddling                      ☐ Behavioral assessments or training  
☐ Grooming    ☐ Playgroups with other animals                      ☐ In staff member's office full time  
☐ Feeding    ☐ Veterinary care    ☐ Cleaning the animal's housing  
☐ Other (please describe):                      ☐ Don't know

55. Did you observe any of the persons confirmed with COVID-19 doing any of the following when they were within six feet of the animal?

- ☐ Coughing  
☐ Sneezing  
☐ Exhibiting shortness of breath  
☐ Other, specify: \_\_\_\_\_  
☐ Did not observe

56. When was last time the animal was exposed to an animal confirmed with SARS-CoV-2? Please give your best estimate:    /    /    (MM/DD/YYYY) ☐ Don't know

57. Types of interaction/contact with the animal cases (mark all that apply):

- ☐ Going for walks within 6 ft of each other                      ☐ Housed in the same room, but separate kennels                      ☐ Sniffing each other in passing (e.g. between kennel door)  
☐ Share communal housing    ☐ Playing together in the same enclosure                      ☐ Visiting the same locations  
☐ Sharing food/water bowls    ☐ Sharing toys    ☐ Don't know  
☐ Other (please describe):

58.

**Prompt: This is the last section. It asks questions about the animal's housing and routines.**

59. What is the room ID for the room/area where the animal is currently housed? \_\_\_\_\_

60. What is the room ID for the room/area where the animal was potentially exposed? \_\_\_\_\_

61. Is the animal currently housed in an area designated for animals exposed to SARS-CoV-2 (e.g., isolation or quarantine room)?

- ☐ Yes, this area only houses animals exposed to SARS-CoV-2  
☐ Yes, this is a general quarantine area that houses animals exposed to SARS-CoV-2 as well as animals with other medical conditions or exposures  
☐ No ☐ Don't know

62. Describe the animal's current housing:

- ☐ Cohoused with other animals (e.g., communal cat room, multiple dogs in one run)
- ☐ Housed individually, with other animals in the same room (e.g., a kennel with multiple, single animal enclosures in one room)
- ☐ Housed individually, no other animals in the room (e.g., in a staff member's office)
- ☐ Free-roaming outdoors (community cats)
- ☐ Don't know ☐ Other, specify: \_\_\_\_\_

63. Currently, does the animal leave their housing to interact or play with other animals (e.g., dogs participating in play group)? ☐ Yes, specify: \_\_\_\_\_ ☐ No ☐ Don't know

64. Has the animal left the shelter since being exposed to SARS-CoV-2? ☐ Yes ☐ No ☐ Don't know

a. If yes, why?

- ☐ Adopted/fostered and ☐ Community or volunteer event ☐ Walk outside of the shelter grounds returned (e.g., an adoption event, taken out by a volunteer ("dog for the day"))
- ☐ External veterinary services ☐ Other, specify: \_\_\_\_\_

65. On a regular day before the exposure to SARS-CoV-2 was recognized, how many shelter staff or volunteers interacted with the animal per day?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐ Don't know

66. On a regular day before the exposure to SARS-CoV-2 was recognized, how long per day and what types of interaction (e.g., walking, grooming, petting, cuddling) did the animal usually have with shelter staff?

b. Duration of interaction with pet per day:

- ☐ <1 hour ☐ 1-3 hours ☐ 4-6 hours ☐ 7-9 hours ☐ 10-12 hours ☐ 12+ hours

c. Types of interaction/contact with shelter staff (mark all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Going for walks or play yards  | <input type="checkbox"/> Petting/cuddling              | <input type="checkbox"/> Behavioral assessments or training |
| <input type="checkbox"/> Grooming                       | <input type="checkbox"/> Playgroups with other animals | <input type="checkbox"/> In staff member's office full time |
| <input type="checkbox"/> Feeding                        | <input type="checkbox"/> Veterinary care               | <input type="checkbox"/> Cleaning the animal's housing      |
| <input type="checkbox"/> Other (please describe): _____ |  |   |

67. On a regular day after the exposure to SARS-CoV-2, how many shelter staff or volunteers interact with the animal per day? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

68. On a regular day since the animal was exposed to SARS-CoV-2, how long per day and what types of interaction has the animal had with shelter staff?

d. Duration of interaction with pet per day:

- ☐ <1 hour ☐ 1-3 hours ☐ 4-6 hours ☐ 7-9 hours ☐ 10-12 hours ☐ 12+ hours

e. Types of interaction/contact with pet (mark all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Going for walks or play yards  | <input type="checkbox"/> Petting/cuddling              | <input type="checkbox"/> Behavioral assessments or training |
| <input type="checkbox"/> Grooming                       | <input type="checkbox"/> Cleaning/disinfecting housing | <input type="checkbox"/> In staff member's office full time |
| <input type="checkbox"/> Feeding                        | <input type="checkbox"/> Veterinary care               | <input type="checkbox"/> Cleaning the animal's housing      |
| <input type="checkbox"/> Other (please describe): _____ |  |   |

69. On a regular day after the animal was exposed to SARS-CoV-2, what personal protective equipment (PPE) do staff wear when providing basic care such as feeding and cleaning the animal's housing? (mark all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> None                                   | <input type="checkbox"/> Gloves                                | <input type="checkbox"/> Face mask                       |
| <input type="checkbox"/> Protective outerwear (gown, coveralls) | <input type="checkbox"/> Eye protection (face shield, goggles) | <input type="checkbox"/> Respirator (N95 or alternative) |

70. Is there any additional information you think we should know about the animal?

a. If yes: \_\_\_\_\_

**Instructions: You have completed the questionnaire for this animal. Thank you for your time and participation!**