



Virginia Veterinary Disclosure and Authorization Form

Old Bridge Veterinary Hospital
3604 Old Bridge Rd
Woodbridge, VA 22192
Phone # (703) 494-0094
Email: obvhfrontdesk@gmail.com

CLIENT INFORMATION:

Owner's Name (First & Last): _____

Spouse's Name (First & Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (s)

Cell: _____ Home: _____

Email Address: _____

Would you like to receive reminders from Old Bridge Veterinary Hospital when services are due? ☐ Yes ☐ No

As of March 23, 2020, Old Bridge Veterinary Hospital has the following business hours:

Monday-Friday 8:30a.m. to 5:30p.m.

Saturday 8:00a.m. to 3:00p.m.

Sunday CLOSED

Therefore, this is to inform you that there is no medical staff in the veterinary hospital during the following hours:

Monday through Friday from 5:30p.m. to 8:30a.m. the next morning.

Saturday at 3:00p.m. to Monday at 8:30a.m.

Holidays from closing time before the holiday to the opening the day after.

There are two shifts everyday that care for all the animals while we are closed, also doctors and technicians rotate everyday we are closed to check on any animals and do any medical treatments when necessary.

I have read this form and am aware of the above staffing hours at Old Bridge Veterinary Hospital and I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____

Date: _____