



Old Bridge Veterinary Hospital

3604 Old Bridge Rd

Woodbridge, VA 22192

Phone # (703) 494-0094

Email: obvhfrontdesk@gmail.com

New Client Questionnaire

To help reduce the spread of COVID-19, clients will no longer be allowed in the facility.

PLEASE FILL OUT THIS FORM AND RETURN VIA EMAIL.

ONE OF OUR CUSTOMER CARE REPRESENTATIVES WILL CALL YOU TO SCHEDULE AN APPOINTMENT OR BOARDING RESERVATION FOR YOUR PET.

We care about your pets health as much as we do yours. If you are showing any signs of illness or have been exposed to COVID-19, we ask that you stay home.

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION:

Owner's Name (First & Last): _____

Spouse's Name (First & Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Requesting: Veterinary Appointment Boarding Reservation Grooming Appointment

Pet's that need boarding and grooming services must have proof of vaccinations and parasite screening prior to scheduling.

Requesting an Appointment or Reservation for Date(s): _____

Best day/time to reach you to schedule: _____

How did you become aware of our clinic? Drove By Yellow Pages Other Client Advertisement

Personal Recommendation (Whom may we thank?) _____

All fees are due at the time services are rendered.

We accept: Cash Checks, Visa, MasterCard, Discover, American Express, CareCredit, and Vetbilling.

PATIENT INFORMATION:

Name: _____

Breed: _____

Date of Birth: _____

Color: _____

Weight: _____

Sex: Female Spay Male Neuter

Your pet's past Veterinarian (Name/Phone #): _____

Name: _____

Breed: _____

Date of Birth: _____

Color: _____

Weight: _____

Sex: Female Spay Male Neuter

Your pet's past Veterinarian (Name/Phone #): _____

Name: _____

Breed: _____

Date of Birth: _____

Color: _____

Weight: _____

Sex: Female Spay Male Neuter

Your pet's past Veterinarian (Name/Phone #): _____

Name: _____

Breed: _____

Date of Birth: _____

Color: _____

Weight: _____

Sex: Female Spay Male Neuter

Your pet's past Veterinarian (Name/Phone #): _____