



Old Bridge Veterinary Hospital

3604 Old Bridge Rd

Woodbridge, VA 22192

Phone # (703) 494-0094

Email: obvhfrontdesk@gmail.com

Exam Questionnaire

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.

PLEASE FILL OUT THIS FORM AND RETURN PRIOR TO YOUR SCHEDULED APPOINTMENT

Please make sure your pet is on a leash or in a carrier upon arrival or we will not be able to take them from you.

CLIENT/PATIENT INFORMATION:

Owner's Name (First & Last) _____

Phone # at which we can reach you after appointment _____

E-Mail Address _____

Pets Name _____

Date of Appointment: _____

REASON FOR APPOINTMENT:

Annual exam Vaccines: _____

Heartworm/tick test Fecal test TNC Anal Glands Ear Cleaning

Bloodwork: _____

Other: (If your pet is sick, please explain) _____

Has your pet ever had a vaccine reaction? Yes No

If yes, please explain: _____

DIET:

What brand of food do you feed your pet? _____

How much? _____ How often? _____

MEDICATIONS:

Does your pet take any medications? Yes No

If yes, medication name, strength, how much and how often? _____

Is your pet on flea & tick prevention? Yes No

(brand & how often) _____

Does your pet take heartworm prevention? Yes No

(brand & how often) _____

LIFESTYLE:

Does your pet go to: Boarding facility Groomer Dog park None

Other: _____

Does your pet go outside? Indoor Outdoor Both