



Old Bridge Veterinary Hospital

3604 Old Bridge Rd

Woodbridge, VA 22192

Phone # (703) 494-0094

Email: [obvhfrontdesk@gmail.com](mailto:obvhfrontdesk@gmail.com)

## **New Client 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 VIA EMAIL.**

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

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 #): \_\_\_\_\_