



Old Bridge Veterinary Hospital

3604 Old Bridge Rd

Woodbridge, VA 22192

Phone # (703) 494-0094

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

## **Exam 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 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.*

When you arrive, please call to check in. After check in, a member of our staff will escort your pet inside. If you have a dog, please wait outside of your vehicle with your leashed dog standing on the ground so our staff can safely apply one of our leashes and you may remove yours with as little human contact as possible. If you have a cat, we ask that you leave your cat in a secure carrier at the bottom of the stairs at the front entryway for our staff to bring inside safely with as little human contact as possible.

*We ask that you do not leave the vicinity during your pet's exam.*

Once the exam and/or services are completed, the doctor and/or technician will call to discuss your pet's health and any concerns that you or the doctor may have. After the appointment your pet will then be returned to you and payment can be made over the phone. When your pet returns, one of our staff members will meet you outside of your vehicle to safely return your dog, if you have a cat, they will be placed at the bottom of the stairs at the front entryway.

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.

### **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) \_\_\_\_\_

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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