



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

**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: \_\_\_\_\_

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