

# Patient Questionnaire



Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

**Old Bridge Veterinary Hospital**

3604 Old Bridge Rd

Woodbridge, VA 22192

Phone # (703) 494-0094

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

What is the main reason for your appointment today?

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Do you have any other concerns?

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Is your pet on any medications or supplements? Please include any heartworm or flea/tick preventative.

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Has your pet had any adverse reactions to medications or vaccines?

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Is your pet behaving normally?

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How is your pet's appetite?

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What do you feed your pet? How much and how often?

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Is your pet urinating normally? Is your pet drinking normally?

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Has your pet had any recent vomiting?

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Has your pet had any recent diarrhea?

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Has your pet had any coughing or sneezing?

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Have you noticed any weight loss or weight gain?

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Does your pet have any long-term medical issues?

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Has your pet had any major surgeries or stays in the hospital?

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Does your pet go to any places with many animals, like the dog park, groomer or boarding?

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If you have a cat, how much time does your pet spend inside versus outside?

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Please note any other information you think it is important for us to know in the space below. For example, if your pet is sick, please let us know what symptoms you have seen at home and how long they have been going on. (Please use the back of the sheet if needed).

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