

Tallahassee Veterinary Hospital
Early Morning Drop-off Form

Date: _____ **Pick-up Time:** _____

Owner's Name: _____

Where can you be reached today- **Phone Number:** _____

*****Has any of your information changed?*****

What is your main concern for today's visit?

Annual Physical & Vaccines__ Lethargic__ Vomiting__ Diarrhea__ Inappetence__

Limping__ Painful__ Scratching__ Hair Loss__

Please give details of other symptoms: _____

****Dr. Woodham will contact after your pet's exam.***

Would you like to add on? Bath ___ Nail Trim ___ Express Anal Glands ___

Are you here for a scheduled surgery today?

Is your pet fasted? Yes ___ No ___

Have you signed the anesthesia release form? Yes ___ No ___

****Unless otherwise noted by Dr. Woodham, your pet will be available for pick up after 4 p.m. However, Dr. Woodham will call you once your pet is out of surgery.****

Boarding- Pick-up Date: _____ Time: _____

Currently on Meds? _____

Own food? _____ Feeding Times: _____ Amount: _____

Has your pet had this morning's food and/or meds? _____

Please list any personal belongings: _____

For the protection of our patients, all animals without the recommended vaccines will be vaccinated when admitted to TVH and done at the expense of the owner. Payment is required at the time services are rendered. We accept Visa, Mastercard, Discover, American Express, cash and check. I have read and understand the information on this form.

Signature of Owner: _____ Date: _____