**Tallahassee Veterinary Hospital**

Drop-off Exam Form

**Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pick-up Time**: \_\_\_\_\_\_\_\_\_\_\_\_

**Phone** **Number (where you can be reached today)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Dr. Woodham will contact you after your pet’s exam.

**Reason for Visit:**

\_\_\_ Vomiting \_\_\_ Blood in urine \_\_\_ Scratching \_\_\_ Painful \_\_\_ Ears

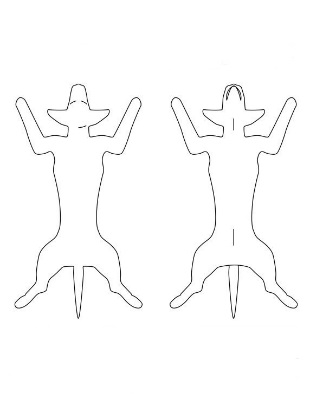
\_\_\_ Diarrhea \_\_\_ Inappropriate urination \_\_\_ Hair loss \_\_\_ Lameness/Limping \_\_\_ Eyes

\_\_\_ Blood in stool \_\_\_ Difficulty urinating \_\_\_ Coughing \_\_\_ Growth/Lump

\_\_\_ Lethargic \_\_\_ Anorexia \_\_\_ Sneezing

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give details of symptoms:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If your pet has any unusual lumps, bumps, wounds or skin irritation which you would like

Dr. Woodham to look at today, please note the location of each on the diagram. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to add on?**

Bath \_\_\_ Shampoo Preference: Aloe & Oatmeal, Sugar Cookie, Pharmaseb, Comfort, Pearlybrite or EFA

\*we will use Sugar Cookie if no shampoo is selected

Nail Trim \_\_\_ Express Anal Glands \_\_\_ Pluck Ear Hair \_\_\_ Clean Ears

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_ I authorize testing/treatment and place no limit on additional charges/services deemed necessary by Dr. Woodham.

\_\_\_\_ Please call me with an estimate before performing any procedures not outlined in the description above. If I cannot be reached, I authorize additional treatments deemed necessary by Dr. Wodham.

\_\_\_\_ Please call me before performing any additional procedures not outlined in the description above. I understand that if I cannot be reached, my pet will receive NO treatments, except in the case of an emergency, other than those outlined in the description above.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_