



MOBILE CLINICS DIVISION

501 Front St., Norfolk, VA 23510 • 757-622-7382, option 3

MR _____

HW _____

NC _____

Please use blue or black ink.

Date: _____ Owner's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Tel. (where you can be reached immediately): _____ E-Mail: _____

Animal's Name: _____ • Species: Dog/Cat

Breed: _____ • Sex: F/M • Age: _____ • Color: _____

SURGERY		VACCINATIONS REQUESTED		FLEA PREVENTION		OTHER SERVICES (SURGERY PATIENTS ONLY)			
Female	<input type="checkbox"/>	Rabies (Dog/Cat)	<input type="checkbox"/>	3-Month	<input type="checkbox"/>	FeLV/FIV Test (Cat)	<input type="checkbox"/>	Nail Trim	<input type="checkbox"/>
Male	<input type="checkbox"/>	DHPP (Dog)	<input type="checkbox"/>	6-Month	<input type="checkbox"/>	Heartworm Test (Dog)	<input type="checkbox"/>	Ear Tip	<input type="checkbox"/>
Feral	<input type="checkbox"/>	Bordetella (Dog)	<input type="checkbox"/>	Seresto Collar	<input type="checkbox"/>	Dewormer (Drontal Plus)	<input type="checkbox"/>	Ear Mite Check	<input type="checkbox"/>
		FVRCP (Cat)	<input type="checkbox"/>			Heartworm Prev. (6-Mo.)	<input type="checkbox"/>	Ear Mite Med.	<input type="checkbox"/>
		FeLV (Cat)	<input type="checkbox"/>			Microchip	<input type="checkbox"/>		

PATIENT INFORMATION

What time did your animal last have food or water? _____ How long have you had this animal? _____

	YES	NO	IF YES, EXPLAIN:
Ever had seizures or been diagnosed with a heart murmur?			
Sneezing, coughing, vomiting, or diarrhea?			
Allergies or reactions to vaccines or medications?			
Any health issues (prior surgery/Injury/seen by vet for any reason)?			
Taking any other medications (antibiotics, steroids, etc.)?			
Any chance pregnant or already spayed or neutered?			
Bitten anyone in the last 10 days?			

PLEASE READ AND INITIAL EACH PARAGRAPH

_____ I, being of legal age and responsible for the animal described above, have the authority to grant the PETA Mobile Clinics Division and its staff members, volunteers, and agents my consent to receive, transport, prescribe for, treat, and/or perform sterilization surgery on my animal and do so grant such consent.

_____ I understand that PETA's attending veterinarian has assumed the responsibility for making clinical judgments regarding the health of my animal, and I agree to follow the veterinarian's instructions. I agree that a limited veterinarian-client-patient relationship is herein established among the attending veterinarian, me, and my animal and understand that the attending veterinarian and PETA's other veterinarians are not my primary veterinarian.

_____ I understand that PETA's veterinarians and veterinary support staff are providing limited services at low or no cost to me and that to keep these services free or low-cost, PETA cannot and will not perform preoperative testing or treatment on my animal. I understand that PETA strongly recommends that I visit my primary veterinarian so that my animal can have an exam at a full-service veterinary clinic and preoperative testing or treatment performed, including but not limited to preanesthetic blood testing to help determine whether anesthesia and surgery are appropriate for my animal; a complete blood count and serum chemistry test to help assess my animal's internal organ function and determine whether his or her blood composition is normal; and testing for intestinal parasites, tickborne diseases (dogs), heartworm disease (dogs), feline leukemia virus (cats), and feline immunodeficiency virus (cats).

I hereby certify the following:

• _____ I have had my animal examined at a full-service veterinary clinic and have completed the recommended testing and/or treatment and am providing PETA with a record of the testing and/or treatment at this time, or

- _____ I have declined to complete the recommended preoperative testing and desire to proceed with full knowledge of the risk of complications arising from unknown underlying issues that may have been revealed if the recommended testing had been performed as advised by PETA, including but not limited to the risk of contracting airborne diseases.

_____ I understand that the operation I have elected for my animal is not without risk and may result in complications, injury, and even death. Complications may include, but are not limited to, adverse reaction to medications or vaccinations, seizures, hyperthermia, hypothermia, low blood pressure, hemorrhage, infection, dehiscence of the incision, ovarian remnant syndrome, respiratory arrest, or cardiac arrest. If my animal experiences complications, additional medical care may be required for my animal at a full-service or emergency veterinary practice. I understand that I am responsible for seeking, providing, and paying for such care. I also understand that underlying conditions and infectious diseases unknown to PETA's veterinarians and support staff increase the risk that my animal will experience complications during the procedure. I understand that the operation will have benefits, including a reduction in the risk of certain cancers and infections of the reproductive tract, as well as preventing my animal from reproducing. I understand that alternative, laparoscopic spay or vasectomy procedures may be available at another facility.

_____ I understand that if my animal is very fearful or aggressive, is not up to date on his or her vaccinations, or was not examined at a full-service veterinary clinic before the procedure, then he or she may need to be sedated by veterinary staff prior to handling. I understand that if my animal is sedated and my animal's health status cannot be adequately assessed prior to sedation, then my animal may suffer adverse reactions to the sedative medications. I understand that my animal may be rejected for surgery after sedation at the discretion of the attending veterinarian.

_____ I understand that PETA strongly recommends that my animal be current on all age-appropriate vaccinations and that these vaccinations be administered in advance of surgery by my primary veterinarian. Vaccine-preventable diseases can be deadly and are costly to treat. I hereby certify that (a) all age-appropriate vaccinations have been administered to my animal within one year prior to this date, (b) I request recommended vaccinations at the time of surgery, or (c) I decline to vaccinate my animal and protect him or her from preventable disease. I understand that my animal should not be considered protected from vaccine-preventable diseases for 28 days following administration of a vaccine.

_____ I understand that in an effort to help shelters and veterinarians recognize that my animal has been spayed or neutered, the PETA Mobile Clinics Division will tattoo my animal. The tattoo will appear as a small green mark on either side of the incision. This green mark should not be confused with infection or gangrene and should not cause my animal any pain or discomfort or any other reaction.

_____ I understand that PETA's medical staff will determine whether my cat is feral when he or she is presented for surgery. Feral cats will be ear-tipped to the accepted standard of 3/8 inch or 1 centimeter. A feral cat "package" includes a spay/neuter surgery, tests for feline leukemia (FeLV) and feline AIDS (FIV), an ear tip, and a rabies vaccine. If my cat is tested for FeLV or FIV and the test is positive for either, I give my consent to the PETA Mobile Clinics Division to euthanize my animal. Because of their unknown medical history, feral cats are considered at high risk when given anesthetics. In the event that the cat goes into cardiac/respiratory arrest, no resuscitation procedures will be performed. The guardian will be contacted immediately and informed. Please note that if the guardian is not reachable, PETA's attending veterinarian will make the most humane decision for the cat, which may include euthanasia.

_____ I understand that modern techniques and trained staff are used by the PETA Mobile Clinics Division to care for all animals and that reasonable precautions will be used against injury, escape, or destruction of the animals. I understand and agree that the PETA Mobile Clinics Division, its staff, volunteers, and agents will not be held liable or responsible in any manner in the case of injury, escape, or destruction of my animal and that I assume all risk associated with the procedure(s) and placing my animal in PETA's care.

_____ If, in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as a hernia repair or the administration of intravenous fluids, the attending veterinarian may, in his or her absolute discretion, perform such procedure. I consent to these procedures and agree to pay any reasonable additional charges, if any. If the attending veterinarian does not perform such procedure, then I will be notified of the condition and referred to another veterinarian for diagnosis, care, and treatment.

_____ I understand that as long as, in the opinion of the attending veterinarian, my animal is an acceptable surgical candidate, sterilization procedures will be performed even if my animal is pregnant or in heat. If my animal is pregnant, I understand and agree that the pregnancy will be terminated during surgery without further notification. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

_____ I understand that all animals must be picked up at the clinic at the time designated by the clinic staff on the day of surgery. If I do not claim my animal, I understand that after 24 hours, the animal will be considered abandoned and will be handled in accordance with policies established by the PETA Mobile Clinics Division. I understand that if I abandon my animal, I give up all ownership rights and will be responsible for any and all medical costs, including boarding expenses.

_____ I understand and agree that when I pick up my animal and depart the clinic, the veterinarian and I are terminating the limited veterinarian-client-patient relationship.

Signature

Date