



MOBILE CLINICS DIVISION

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

MR _____

HW _____

SNIP _____

NEW _____

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 (please circle): Dog / Cat

Breed: _____ Sex: _____ Age: _____ Color/Markings: _____

SURGERY	VACCINATIONS REQUESTED	FLEA PREVENTION	OTHER SERVICES (SURGERY PATIENTS ONLY)	
Female <input type="checkbox"/>	Rabies (Dog/Cat) <input type="checkbox"/>	1-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"/>	3-Month <input type="checkbox"/>	Heartworm Test (Dog) <input type="checkbox"/>	Ear Tip <input type="checkbox"/>
Feral <input type="checkbox"/>	Bordetella (Dog) <input type="checkbox"/>	6-Month <input type="checkbox"/>	Dewormer (Drontal Plus) <input type="checkbox"/>	Ear Mite Check <input type="checkbox"/>
	FVRCP (Cat) <input type="checkbox"/>	Seresto Collar <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? Date: _____ Time: _____

How long have you had this animal? _____ Year(s) _____ Month(s) _____ Week(s)

If your animal is female, please answer the following: When was her last cycle? _____

Was it normal? _____ Has she ever had a litter before? _____ If so, when? _____

	YES	NO	IF YES, EXPLAIN:
Seizures?			
Sneezing/Coughing?			
Vomiting?			
Allergies?			
Diarrhea?			
Any chance pregnant or already spayed/neutered?			
Any changes in activity level, water consumption, appetite?			
Any health issues (hernia, cryptorchid, other illnesses)?			
Any prior surgeries?			
Any professional medical attention for any reason?			
Did you bring medical records?			
Any reactions to vaccines/medications?			
Last heartworm test?			
Taking heartworm or flea preventive medication?			
Taking any other medications (antibiotics, steroids, etc.)?			
Any injuries (hit by car, bite wounds, etc.)?			
Bitten anyone in the last 10 days?			
Ever been diagnosed with a heart murmur?			

PLEASE READ AND INITIAL EACH PARAGRAPH

_____ I understand that in an effort to help shelters and veterinarians recognize that my animal has been spayed/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 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 veterinarian-client-patient relationship is herein established among the attending veterinarian, me, and 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 to discuss care and to have any recommended testing performed. I further understand that for clinic staff safety, aggressive animals or animals who are not up to date on their rabies vaccinations often must be sedated. By signing this form, I am (1) acknowledging that I have previously had my animal examined at a full-service veterinary clinic and had all recommended pre-op testing and vaccinations performed OR (2) acknowledging that I have not previously had my animal examined at a full-service veterinary clinic and that my animal may be at increased risk for contracting airborne diseases or be sedated.

_____ 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 not be tattooed but will be ear-tipped to the accepted standard of 3/8 inch or 1 centimeter. A feral cat "package" includes a spay/neuter surgery, a FeLV/FIV test, an ear tip, and a rabies vaccine. If my cat is tested for feline leukemia or feline AIDS and the test is positive for either, I give my consent for 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. Cardiopulmonary arrest and reactions to certain anesthetic drugs (e.g., seizures, hyperthermia) may occur. Animals who survive cardiopulmonary arrest and attempted CPR are critical and unstable. Management of patients' post-cardiac arrest requires vigilant 24-hour monitoring and hospitalization at a private veterinary hospital. This continuous care is costly and comes with no guarantees. 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, 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 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. 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 veterinarian-client-patient relationship.

SIGNATURE

DATE