



Mobile Clinics Division

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

MR _____
HW _____
SNIP _____
NEW _____

Vaccination Check-In Form

Please use blue or black ink.

Date: _____ Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Tel.: _____

Animal's Name: _____ Species (please circle): Dog Cat

Breed: _____ Sex: _____ Age: _____

Color/Markings: _____ Spayed or Neutered: Yes No

Canine Vaccinations

Rabies
DHPP (Distemper)
Bordetella (Kennel Cough)

Feline Vaccinations

Rabies
FVRCP (Distemper)
FeLV (Leukemia)

Flea Prevention

1-Month Supply
3-Month Supply
6-Month Supply

Patient Information

	Yes	No	If Yes, Please Explain
Allergies?			
Currently on any over-the-counter or prescription medications?			
Injury (hit by car, bite wound, etc.)?			
Drinking and eating normally?			
Health issues (diseases, conditions, etc.)?			
Prior vaccinations?			
Reactions to vaccines or medications?			
Bitten anyone in the last 10 days?			

Dogs and cats must be in good health to receive vaccinations. Animals with health problems may not be vaccinated and should be seen by a full-service veterinary clinic. A small percentage of dogs and cats will have an allergic reaction to a vaccine. Please tell the veterinarian if your animal has had a previous reaction to a vaccine. Symptoms of a reaction may include swollen ears, muzzle, face, or eyelids; rubbing of the face; vomiting; diarrhea; lethargy; and/or fever.

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 between the attending veterinarian, me, and my animal. I understand and agree that when my animal is returned to me and I depart the clinic, the veterinarian and I are terminating the veterinarian-client-patient relationship.

By signing this form, I grant the PETA Mobile Clinics Division and its staff members, volunteers, or agents permission to administer vaccinations to the animal named on this form. 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 are taken against injury, escape, or destruction of the animals. I thoroughly 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 I assume all of the risks associated with the administration of vaccinations and with placing my animal in the care of PETA Mobile Clinics Division.

Signature

Date