



Mobile Clinics Division

501 Front Street
Norfolk, VA 23510
(757) 622-7382, Option 3

SNIP _____

ABC _____

HW _____

Date: _____ Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Telephone Number (Where you can be reached immediately): _____

Animal's Name: _____ Species: (Please Circle) Dog Cat

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

<u>Surgery</u>	<u>Vaccinations</u>	<u>Flea Prevention</u>	<u>Other Services (Surgery Patients Only)</u>
Male <input type="checkbox"/>	Rabies (Dog / Cat) <input type="checkbox"/>	Flea Prev 1 Month <input type="checkbox"/>	FeLV/FIV/HW Test (Cat) <input type="checkbox"/> Nail Trim <input type="checkbox"/>
Female <input type="checkbox"/>	DHPP (Dog) <input type="checkbox"/>	Flea Prev 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"/>	Flea Prev 6 Month <input type="checkbox"/>	Dewormer – Drontal Plus <input type="checkbox"/> Earmite Check <input type="checkbox"/>
	FVRCP (Cat) <input type="checkbox"/>		Dewormer – Droncit <input type="checkbox"/> Earmite Med. <input type="checkbox"/>
	FeLV (Cat) <input type="checkbox"/>		Heartworm Prev 6 Mo. <input type="checkbox"/> Microchip <input type="checkbox"/>

Patient Information – Please Fill Out

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)

	Yes	No	If Yes, Explain
Seizures			
Sneezing/Coughing			
Vomiting			
Any Known Allergies			
Diarrhea			
Any Chance Pregnant or Already Spayed/Neutered?			
Changes in Activity Level, Water Consumption, or Appetite?			
Health Issues (Hernia, Cryptorchid, Other Illness)			
Any Prior Surgery?			
Professional Medical Attention for Anything			
Did You Bring Medical Records			
Reactions to Vaccines / Medications			
Taking Heartworm / Flea / Other Medication			
Last Heartworm Test			
Injury (Hit By Car, Bite Wounds, Etc)			
Animal Bitten Anyone in The Last 10 days			
Animal ever been diagnosed with a heart murmur?			

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

Was it Normal? _____ Has She Ever Had a Litter Before? _____ If so, when was the last litter? _____

Clinic Use Only

Weight _____	Pulse _____	Resp _____	Temp _____
Glycopyrrolate _____	Acepromazine 10mg/ml _____	Butorphanol 10mg/ml _____	Propofol _____
Ketamine 100mg/ml _____	Diazepam 5mg/ml _____	Dexdomitor _____	Antisedan _____
Metacam 5mg/ml _____	Metacam 1.5mg/ml _____	Buprenorphine .3mg/ml _____	Buprenorphine 3mg/ml _____

Medical Notes: _____

CONSENT FOR SURGICAL STERILIZATION – PLEASE READ AND INITIAL

We strongly recommend that you visit your Veterinarian so that your animal can have a through exam, to discuss your animal's care, and to have any recommended testing performed. Our medical staff will make every attempt to examine each animal before surgery, but the noisy environment inside the clinic may limit our ability to listen to your animal's heart and lungs. Also, for clinic staff safety, we often must sedate aggressive animals or animals that are not up-to-date on their rabies vaccination. By signing this form, you are acknowledging that you have (1) Have previously had your animal examined at a full service veterinary clinic and had all recommended pre-op testing and vaccinations OR (2) Are waiving the right to do so and acknowledge that your animal may be at increased risk for contracting airborne diseases or sedated with only a partial exam or no exam at all.

_____ 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, or agents my consent to receive, transport, prescribe for, treat, and/or perform sterilization surgery on the animal named above.

_____ I understand that modern techniques and trained staff will be used to care for all animals and that reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that the PETA Mobile Clinics Division, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

_____ If, in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as 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.

_____ I further understand that as long as, in the opinion of the attending Veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). 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 also 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 the animal, I understand that after 24 hours, the animal will be considered abandoned and the animal will be disposed of in accordance with policies established by the PETA Mobile Clinics Division. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be responsible for any and all medical costs, including boarding expenses.

_____ *I also understand that in an effort to help shelters and veterinarians recognize that my pet has been spayed/neutered, that the PETA Mobile Clinics Division will tattoo my animal. The tattoo will show 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 pet any pain or discomfort or any other reaction.*

_____ *If my cat tests positive for Feline Leukemia or Feline Aids disease, I give my consent for the PETA Mobile Clinics Division to euthanize the named animal.*

Signature

Date