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Learning from NONAME 6796: A Service Design Reading of an End-of-Life Veterinary Encounter

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Summary

An injured, unowned kitten in Istanbul draws bystanders into caregiving they have no legal standing to perform. Across three clinics, a home hospice, and an online forum, they consent to euthanasia. Read as a service, the encounter shows what the system offered and what it left them to improvise.

Abstract

This case study is based on an ethnographic account of a single critical incident in Istanbul, Turkey, in May 2021. An unowned kitten, subsequently registered at a veterinary clinic as NONAME 6796, was found on the street with a severe spinal injury, presumably following a violent encounter with a dog. A small group of bystanders with no legal guardianship status assumed caregiving responsibilities, entering temporary "human proxy" roles. The group navigated three veterinary clinics, temporary home care, and an online community forum before a specialist confirmed a poor prognosis and required formal adoption as a condition of surgery. Facing limited emotional and material resources, the group consented to euthanasia. The case points to how end-of-life decisions for unowned animals may be shaped by the way veterinary and urban care systems are organised around legal guardianship, which sets differential economies of care and the documentation practices through which an animal becomes a patient. Analysed as a service, the encounter can be blueprinted, each visit read as a touchpoint at which roles, categories, and instruments were made available and others withheld. Blueprinting shows that the work the animal needed, including transport, housing, monitoring, and the deliberation over quality of life, fell outside the service boundary and onto people it did not recognise. The case offers a service design analysis of the veterinary encounter and a teaching resource for design education as well as for veterinary ethics, human–animal bonds, and the welfare of urban unowned animals.

Learning Outcomes

On completion of this case study, the reader will be able to:

1. Describe the “pet ownership paradigm” and identify three points at which the veterinary system assumed it.
2. Make a service blueprint of the veterinary encounter, distinguishing what the clinics did from what the caregivers did.
3. Evaluate the factors that shaped the outcome for NONAME 6796.
4. Apply the Five Domains model to the welfare observations in the case, and explain why no structured assessment was made and what its absence reveals.
5. Compare the standing of a legal guardian with that of the temporary “human proxy”.

Why Is This Case of Value?

Most clinical and ethical frameworks in veterinary practice assume a legal owner. This case documents what happens when that assumption breaks down and when the people who present the animal for care are bound to them not by ownership but by circumstance. It follows a welfare crisis from discovery on the street to a final end-of-life decision, across three clinics, a period of home care, and an online community. At each stage, the outcome was shaped as much by how care is organised as by the animal’s clinical condition.

Background and Context

The broader research context beyond the “pet ownership paradigm”

The incident was documented as part of a Constructivist Grounded Theory study (Charmaz, 2006) conducted in Istanbul between April 2019 and August 2024, investigating human–feline relations and grassroots practices of designerly care for community cats (Taşdizen, 2024). The field note on which this case is based was written in May 2021 and selected for its analytical richness (Taşdizen, 2025). The author was himself one of the human proxies in the events described, writing the field note from within the encounter. The third person is used for analytic clarity, not to imply a detached observer.

Istanbul is a significant context as its urban landscape is populated by large numbers of unowned animals, in particular street cats, which have no legal guardians but fall under the legal responsibility of municipalities (Taşdizen, 2025). This departs from the “pet ownership paradigm”, the framework within which companion animals are cared for and represented by a legal guardian (Taşdizen, 2025). The paradigm operates as a designed arrangement, as it structures administrative registration, treatment protocols, fee structures, and the location of decision-making authority, centring animals connected to humans and excluding those not owned in the legal sense.

Reading the encounter as a service

A service is produced in the encounter and exists only while it is performed (Shostack, 1984). What can be designed in advance is not the care but the conditions for it (Kimbell, 2011), including the forms, categories, prices, rooms, and roles already in place when an animal arrives. Service design calls this the service interface (Secomandi and Snelders, 2011; Sangiorgi and Prendiville, 2017). A registration form with a field for the owner assumes an owner and goes on assuming one long after whoever wrote it has left (Akrich, 1992). The standard instrument for examining a service this way is the blueprint (Shostack, 1984; Bitner et al., 2008), which lays a service out in bands divided by lines that separate what the person the service is for does, what staff do visibly, and the backstage work that makes it possible. Services are built around a beneficiary who can act, someone who reports symptoms, weighs options, consents, and pays (Vargo and Lusch, 2004, 2016). An animal can do none of this, so veterinary services install the owner in that position and treat them as the animal's account, purse, and consent. The pet ownership paradigm can be understood as the service architecture that produces this substitution, since it answers the problem of a beneficiary who cannot speak or pay by installing an owner. Design research has begun to explore this, treating non-humans as participants in their own right (Mancini, 2011; Forlano, 2017; Taşdizen, 2024).

These terms come from different traditions, and the reading here is deliberately synthetic. It takes the interface as its unit of analysis from service design (Secomandi and Snelders, 2011), sharpens it with the notions of the script and the residual category from science and technology studies (Akrich, 1992; Star and Bowker, 2007), sets it at the scale of the service ecosystem and its institutional arrangements (Vink et al., 2021), and weighs the result against an ethics of how care is distributed (Puig de la Bellacasa, 2017).

Two concepts from the case: the "feline event" and the "human proxy"

A feline event is a critical friction between the anthropocentric city and a feline cohabitant that compels a moral imperative for human intervention (Taşdizen, 2024). Here, the event was the discovery of a severely injured kitten on a public street, which transformed each passer-by into a human proxy, an individual who takes responsibility for an unowned animal without legal standing as a guardian (Taşdizen, 2025). The human proxy names a role for which the veterinary system makes little provision.

Questions for the Human Proxy

This case is based on ethnographic fieldwork rather than a clinical referral, and no legal owner or formally designated carer was present. Following the template's history-taking step, the questions below are directed to the human proxy defined above and are framed to surface the information a clinician or manager would need to assess both the animal and the situation.

1. In what circumstances was the kitten found, what was their signalment (approximate age, sex, and body condition) so far as could be determined, and what was known of the injury's cause and of what prompted the decision to seek care rather than leave the animal?

2. Were any municipal or publicly funded veterinary services available on the day the kitten was found? If not, why not, and how did that shape the options?
3. How did the group meet the first clinic's requirement for an "account" of the animal, and what role did the local resident (Meryem) play in enabling registration?
4. What information did the veterinary practitioners provide at each clinic regarding prognosis, treatment options, and the implications of proceeding without legal guardianship?
5. What behavioural and physical observations of the kitten were made during the period of temporary home care, and who recorded or acted on them?
6. What specific conditions did the specialist attach to the offer of surgery, and how did those conditions interact with the group's capacity to proceed?
7. How did the group experience the process of consenting to euthanasia, and what support, if any, did the clinical team offer at that stage?

What information is needed to assess the animal? A full assessment would require the signalment and history, the imaging findings and neurological status, the trajectory of the animal's condition in home care, and a structured welfare account across the domains discussed below, most of which was never systematically gathered by anyone with clinical standing.

Animal Health and Welfare Assessment

Clinical presentation

The kitten was found on the street with a spinal injury, presumed to have followed a violent encounter with a dog (Taşdizen, 2025). Radiographic examination confirmed a fractured spine (Fig. 1). Over the days that followed, the animal was incontinent, would not eat or drink, and could not move, their meows recorded in the field note as "a desperate, futile plea" for mobility (Taşdizen, 2025, p. 3). These observations, and not any structured assessment, are what the welfare reading below has to work from.

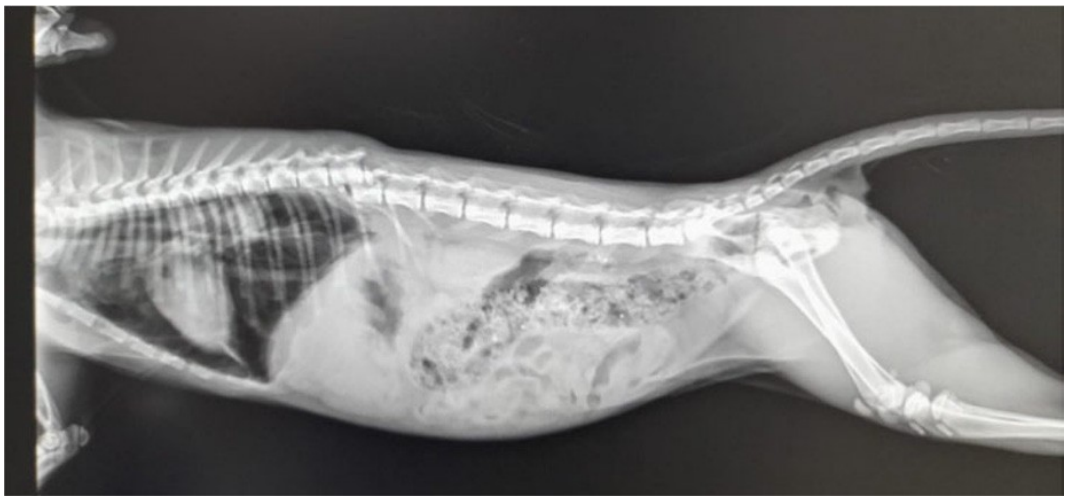


Fig. 1. The radiograph as clinical inscription, and the first document in the patient record of NONAME 6796. Reproduced from Taşdizen (2025) under CC BY 4.0.

A structured welfare reading: the Five Domains

No structured welfare assessment was made at the time, an absence taken up in the next section. Because the field note nonetheless records a good deal of welfare-relevant observation, that observation can be organised against a current framework. The Five Domains model (Mellor et al., 2020) assesses welfare across four functional domains, namely, nutrition, physical environment, health, and behavioural interactions, which together shape a fifth, the animal's mental or affective state, on the premise that welfare is finally a matter of subjective experience. The field-note observations map onto the model as follows (Table 1).

Table 1. The field-note observations organised against the Five Domains model (Mellor et al., 2020). Each of the four functional domains, nutrition, physical environment, health, and behavioural interactions, was substantially compromised, and together they converge on the fifth, the animal's mental or affective state, which the participants treated as decisive yet which was never systematically assessed.

Domain	**What the case records**	**Welfare implication**
Nutrition	Unable to eat or drink during home care	Compromised; intake not maintained
Physical environment	Injured on the street, then a domestic "makeshift hospice"; transported on an improvised board	Unstable and non-clinical; no setting equipped for a spinal case
Health	Fractured spine; incontinence; uncertain-to-poor prognosis; likely lifelong disability	Severely compromised; the primary driver of the crisis
Behavioural interactions	Unable to move; vocalising "a desperate, futile plea for mobility"	Severely compromised; loss of normal locomotion and behaviour
Mental/affective state	Distress inferred from the above; quality of life openly contested among caregivers and the online public	The decisive domain for the end-of-life decision, and the one least systematically assessed

All four functional domains were substantially compromised, and they converge on the affective state the participants treated as the crux of the decision. The Facebook debate, which set euthanasia as "a mercy" against opposition to "killing", together with one participant's prediction of "a life of horrific pain" (Taşdizen, 2025), was, in effect, a lay argument about the fifth domain, conducted without any framework to discipline it.

The absence of an assessment as a finding

The veterinary system documented the animal's body thoroughly through a radiograph, a patient file, a registration code (NONAME 6796), and a fee category, yet it produced no formal welfare assessment. What the animal was experiencing, and whether continuing life served their interests, was debated not in the clinic but in an online forum among animal rescuers. In blueprint terms, the backstage was fully mobilised for whatever generates a record, including imaging, filing, and billing, while the affective question was displaced past the line of interaction altogether, into a

living room and a comment thread the service does not reach. Operating within the pet ownership paradigm, a service organised around what it can bill for documents the chargeable body in detail and has nowhere to record what the animal is experiencing (Star, 1999). Care here was not absent so much as unevenly distributed (Puig de la Bellacasa, 2017), its labour settling on the people with the least standing to provide it.

Courses of Action and Treatment

The kitten's passage through the care system unfolded across four settings, which can be read as touchpoints in a single service journey (Lemon and Verhoef, 2016; Følstad and Kvale, 2018), though not a journey the service recognises as its own. It is best understood as a sequence of decision points at which the range of realistic choices was set less by the animal's clinical condition than by how each setting was organised.

Intake as script: the registration protocol and the demand for an account

Municipal veterinary services were closed for a national holiday, so the group, directed by the local resident and eyewitness Meryem, carried the kitten to a private clinic on a spine board improvised from a discarded piece of chipboard and wrapped in a jacket. Before clinical care could begin, the practitioner, creating a patient file, asked for a patient account, which they did not have. Meryem supplied her own as a workaround, registering the unowned kitten into an existing framework of ownership, if only for administrative purposes. This first administrative course of action is significant because the intake interface required an owner's account as the precondition of treatment, with no provision for a finder or temporary caregiver. In the language of scripts (Akrich, 1992), the protocol prescribed an owner and had no role for a passer-by, and care became possible only once someone present agreed to play it.

Radiography confirmed a fractured spine (Fig. 1). The attending veterinarian presented two broad courses, namely, advanced imaging and complex spinal surgery with an uncertain outcome or euthanasia, without recommending either, leaving the choice with the group. The clinic could not house the kitten over the holiday, so inpatient stabilisation was unavailable, and the group took the kitten home.

The improvised hospice: care without a designed setting

The apartment became, in effect, a makeshift hospice. The caregivers held no clinical qualification and were uncertain. One posted to a local Facebook group, igniting a debate spanning euthanasia as mercy, principled opposition to "killing", and a warning of "a life of horrific pain" (Taşdizen, 2025). Among the forum voices, Emily offered a referral to a specialist and pledged a financial contribution towards surgery.

The animal's welfare during this period was managed entirely outside any clinical setting by people without training. What the group was doing, unpaid and unprepared, can be explained as backstage service provision in the form of transport, overnight housing, hydration, and monitoring, all of which a clinic supplies for an inpatient with an owner. The most consequential

deliberation, whether continued treatment served the animal's interest, was likewise left to an informal channel.

Second clinic: referral

Acting on the referral, the group took the kitten to a second clinic, which determined the case was beyond its expertise and referred them onwards to a specialist in an affluent district, narrowing the options to a single realistic clinical pathway.

Classification, fee category, and the adoption gate

At the specialist clinic, the kitten was registered as NONAME 6796. A residual category for an animal the system cannot otherwise name (Star and Bowker, 2007), the identifier "NONAME 6796" marked both the kitten's individuality and their anonymity, individuating them for billing while registering the absence of an owner. The clinic's secretary asked whether the kitten was a "street child" (*sokak çocuğu*), which translated into a discounted fee.

The specialist confirmed a poor prognosis and agreed to operate only if the group committed to formally adopting the kitten, thereby gating the clinical option behind a requirement that the temporary proxies convert their situational bond into permanent legal guardianship. For a group bound to the animal by circumstance and with limited resources for lifelong disabled-animal care, the condition foreclosed the surgical path. Emily, the online contributor who had pledged towards the surgery, had also offered to house the kitten afterwards until they could walk, but that was temporary care conditional on recovery, not the permanent guardianship the specialist required, and she was not in the room when the decision was made. The clinician then left the group alone in a private room to decide (Fig. 2). A servicescape shapes what people can feel and do within it (Bitner, 1992), and this one is a designed provision for a difficult decision, but what it provides is privacy rather than support. At the moment the service came closest to the question that mattered most, it stepped out and closed the door. The condition meant to ensure post-operative care narrowed the realistic options to euthanasia, a procedure that cost less than half the examination fee.



Fig. 2. The consultation room as servicescape, being a setting designed for the delivery of bad news and the last touchpoint at which the service was present. Reproduced from Taşdizen (2025) under CC BY 4.0.

Across these four settings, the courses of action available, including an intake protocol built around ownership, a fee schedule that sorted animals by origin, and a surgical policy that required guardianship, were set by an interface that was in place before the animal arrived. None was a clinical judgement about NONAME 6796 specifically. Each was a standing feature of how care is organised, and together they set the boundaries within which the clinical judgements were then made.

Prognosis

The prognosis was poor throughout and was consistently characterised as such by the attending veterinary surgeons: an uncertain outlook at the first clinic against a high probability of lifelong disability, no improvement in home care, and confirmation by the specialist that recovery was unlikely and lifelong care a certainty, the kitten’s chances having “always been slim”. The end-of-life decision was made against this picture.

Conclusions

This case followed the injured kitten NONAME 6796 through a veterinary care system that was not built for them. They had no owner; the people who cared had no legal standing; and at each stage the options open to them were set by administrative and economic arrangements. The end-of-life decision was clinically reasonable given a poor prognosis, but it was not a purely clinical one; it was shaped throughout by how the system was organised. The case observed a severely injured, unowned kitten presented for care by a group with no legal guardianship, registered when a bystander lent her account; they passed through three clinics and a period of untrained home

care; surgery was offered on condition of adoption; and euthanasia was chosen at less than half the examination fee.

Interpreted analytically, at each stage, the range of realistic action was constrained by the way care was organised around legal ownership. The intake protocol required an owner; the fee schedule sorted animals by origin; and the surgical policy required guardianship. At no point did the system make provision for the human proxies.

The case's theoretical contribution follows. Figure 3 renders this case as a service blueprint. Read as a service, the veterinary encounter is an interface that admits certain actors and excludes others, and its exclusions here took the form of absences rather than rules. There was no intake category for a finder, no fee logic that valued maintenance over ending life, no welfare-assessment trigger for an unowned patient, and no support pathway for a proxy. Blueprinted, the encounter inverts (Fig. 3). Work that would be backstage provision for an owned animal, including transport, housing, and monitoring, was performed above the line of interaction by people the service did not recognise, and the deliberation over quality of life fell off the blueprint altogether. Read this way, the pet ownership paradigm is the service architecture that produces the inversion. It resolves the problem of a beneficiary who cannot speak or pay by installing an owner, and where there is no owner, it does not fail loudly but simply has nothing to offer. Design justice scholarship locates this kind of exclusion in the default assumptions built into designed systems (Costanza-Chock, 2020).

	Clinic 1	**Home hospice and forum**	**Clinic 2**	**Clinic 3 · specialist**
Animal *no welfare assessment*	spinal fracture, in pain	not eating, incontinent	condition unchanged	distress inferred, not measured
Human proxies	carry the kitten in; borrow Meryem's account	transport in; hydrate, monitor, deliberate over their life	transport in	transport in; hear the terms; consent to euthanasia
line of interaction Clinic staff	require an owner account; offer surgery or euthanasia; record with an owner field	no veterinary service	assess; name a specialist	set a discounted fee; require adoption to operate; billing and filing; leave the room

Pet ownership paradigm
an animal is recognised by the clinic only through an owner

the service acts · no veterinary service · ↑ work the proxies did in its place

Fig. 3. A service blueprint of the encounter. Outlined cells mark what the service does. The shaded cell marks the home hospice and forum, where the decision about quality of life was taken and no veterinary service was present. The animal's state, in the top band, is never read across the line of interaction. The arrow marks work that would be backstage provision for an owned animal, performed above the line of interaction by the human proxies.

None of this makes the euthanasia a mistake or an artefact of the service alone. The prognosis was poor; the animal was suffering; and the caregivers judged with reason that, for the kitten, ending life was better than a slim and painful chance at recovery. The design reading accounts for the shape of the decision, not its moral weight, which stayed with the people who made it.

For practice, the case implies both limits and openings. The economy of care in which euthanasia is cheaper than treatment and the legal architecture that makes ownership the basis of standing stem from structural conditions that cannot be corrected at the level of a single clinic. Yet the service touchpoints through which unowned animals and their human proxies meet the veterinary system can be redesigned. In service terms, this is ecosystem-level work, since each change below breaks an existing rule, makes a new one, or redefines who counts as an actor in the encounter (Koskela-Huotari et al., 2016; Vink et al., 2021), and each extends provision to a beneficiary the present arrangement does not admit, in the manner of public-service co-design (Trischler et al., 2019). Three such changes follow from this case:

1. The intake interface. Registration processes that presuppose an owner can be extended to record a finder or temporary caregiver, with a discovery history in place of an ownership account. Here, care could begin only because a bystander improvised an account, and a designed provision would remove that barrier.
2. The welfare-assessment trigger. A structured welfare assessment can be triggered backstage by an animal's presentation as a patient in crisis rather than by the presence of an owner to receive them, which places the affective-state question inside the clinical encounter instead of an informal forum.
3. The support pathway. People who assume caregiving for an unowned animal in crisis carry the weight of consequential decisions without preparation or support. Referral to professional or peer decision support extends the line of interaction to a role the service currently does not recognise at all.

These implications are offered as directions consistent with the analysis, not as solutions that would resolve the deeper tensions the case describes. The arrangements that give touchpoints force, including ownership as the basis of standing and an economy of care in which ending a life costs less than sustaining it, are institutional, and shifting them is slow work carried out by many actors rather than a design fix (Vink et al., 2021). As this case suggests, welfare outcomes for unowned animals may depend not only on clinical skill and individual compassion but on whether the services delivering care are designed to recognise the animal and their human proxies. Where they are not, compassionate individuals improvise inside arrangements that constrain them, and the moral weight of that improvisation tends to fall on those the system did not account for.

Exercises and Discussion Questions

1. The paradigm made concrete (Learning Outcome 1). Identify three points at which the veterinary system assumed the presence of an owner. For each, describe what the assumption required of the caregivers and what would have happened to an unowned animal with no bystander willing to stand in.

2. Blueprinting the encounter (Learning Outcome 2). Sketch a blueprint of the case, listing what the caregivers did, what the clinical staff did visibly, and the work that went on out of sight. Which of the caregivers' actions would a service ordinarily provide for an owned animal? Then choose one touchpoint from the case and argue whether it is best addressed as a fixable design flaw or a deeper institutional feature.

3. What shaped the outcome (Learning Outcome 3). List the medical, financial, institutional, and relational factors that bore on the euthanasia decision. Which do you judge decisive, and why? How might the outcome have differed had any single factor changed?

4. Assessing welfare without an owner (Learning Outcome 4). The case already maps the field-note observations onto the Five Domains in Table 1. Working from that reading, identify which domain was hardest to assess and why. Then explain why no structured assessment was carried out at the time, what such an assessment would have required, and who might have triggered it, and say what its absence reveals about how the system provided for this animal's welfare.

5. The human proxy (Learning Outcome 5). Compare the responsibilities and standing of a legal guardian with those of the temporary "human proxy" in this case. What provisions, whether practical, procedural, or ethical, might a veterinary practice or municipality put in place to recognise the proxy role?

Origin

This case study draws on the ethnographic material first reported in Taşdizen, B. (2025) Feline events beyond pet ownership paradigm: an ethnographic case report on end-of-life decision-making for NONAME 6796. *Human-Animal Interactions*. DOI: 10.1079/hai.2025.0050. Generative AI technology was used as a drafting tool to enhance accessibility and teaching value.

Conflict of Interest

The author has no conflict of interest to declare.

Ethics Statement

This case study is based on doctoral fieldwork that received ethics approval from the Özyeğin University Research Ethics Committee in March 2021 (Meeting no. 2021/07/02, dated 1 April 2021). All human participants were informed about the nature of the study, and informed consent was obtained. Consent was also obtained for the use of photographs taken during the ethnographic fieldwork. All human participants are referred to by pseudonyms, and identifying details have been altered where necessary to protect their privacy while preserving the integrity of the events described.

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Data Availability

The data supporting this case study, including ethnographic field notes, are not publicly available due to their sensitive nature and to protect the privacy of the individuals involved.

Further Reading

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