



For office use: _____

The TNR (Trap-Neuter-Return) program is the only method proven to be humane and effective at controlling Community Cats (Feral) population growth. Using this technique, all the cats in a colony are trapped, vaccinated, possibly treated for select injury or illness, neutered, ear-tipped (for identification), and then returned to their territory (trapping location). The goal of any Community Cat management program is to maximize the quality of life for the cats and to eliminate the existing colony over time through attrition.

Please carefully read the following and be sure you understand the conditions of this agreement before sign your name.

1. I agree that We Care for Animals, Inc. will not take responsibility for any accidents, injury, illness or death during trapping or transportation from a property owner to/from the veterinary clinic for the purpose of TNR of the cat colony.
2. If We Care for Animals, Inc. traps or transports cat(s) with written consent of a property owner for purpose of sterilization and vaccines are exempt from liability of any sickness, illness or death of the cat(s).
3. We Care for Animals, Inc. will return the cat(s) to the property from where they were trapped for the sole purpose of TNR.
4. Caregivers of a cat colony must get written permission from a property owner for the service of We Care for Animals, Inc. for the sole purpose of TNR.
5. The property of which the colony has taken residency will be inspected by a representative of the organization, We Care for Animals, Inc. has the right to refuse request for TNR if we find that the living conditions of the colony is not sanitary.
6. All Cat(s) trapped will be spayed/neutered, vaccinated(Rabies)and ear tipped. no exceptions.
7. I understand the cat must remain in a live trap due to temperament in order to have a safe surgery performed.
8. I understand that there is some risk of injury or death in the procedure and that the use of anesthetics and drugs will be administered.
- 9.If the cat is pregnant at the time of surgery, I understand that pregnancy will be terminated.
- 10.I agree that any cat who is medically untreatable or in severe or chronic pain will be humanely euthanized at the veterinarian's discretion while the cat is under anesthesia and I further understand I will be notified post-euthanasia.
11. I understand that if a bite occurs during the cat's stay, the clinic will follow public health Rabies protocol.
12. I agree to allow We Care for Animals, Inc.to pick the cat up the same day, after surgery is performed and return the cat to the location it was trapped for release the following day.

By initialing, I agree to the following:

_____ I have written consent form owner of property so that We Care for Animals, Inc. or volunteers may perform the TNR program on said property, or I am owner of property and give We Care for Animals, Inc. or volunteers' permission to perform the TNR on said property.

OPTIONAL: By initialing, I agree to the following terms:

_____ I will inform my neighbors of the TNR program.

_____ If a cat is discovered to have a treatable injury or illness through short term medication or care, I authorize the clinic to treat at a maximum additional cost to me, \$_____.00. (must indicate amount, we cannot call you during surgery). **{If not initialed We Care for Animals, Inc. may authorize the clinic to treat at a maximum additional cost to the organization, \$_____.00, and is not held at any fault or obligation as to the outcome of the procedure do to funding limitations.}**

By signing this waiver, I acknowledge that Community Cats are wild animals which can be unpredictable in their behavior and are capable of inflicting serious bodily injury. I willingly assume the risk and responsibility of participating in this program. I hereby release We Care for animals Inc., the veterinarian chosen and their assistants, volunteers, directors, and or employees from any and all claims arising out of or connected with the performance of this program, procedure and or any adverse reactions to vaccinations that may accrue. I agree that I have not and will not claim any right of compensation from them, or action by reason of such sterilizations or attempted sterilization of such animal or any consequences related thereto. Caregiver/agent hereby agrees to indemnify and hold the We Care for Animals, Inc. harmless for any damaged caused during the transportation of the animal, or for any damages caused by unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or other acts of God.

Caregiver: _____ Phone# _____ Date: _____

Address: _____ City: _____ AZ Zip _____