Caretaker Release Form

Caretaker release and understanding of the Feral Cat F.A.S.T. program

By my signature below, I acknowledge the following:

1. To be eligible for the Feral Cat F.A.S.T., I understand that spay/neuter is available solely for feral/barn cats that are not living as part of a human family. I certify that to the best of my knowledge that these cats fit that criteria.

2. I recognize the risks feral cats face during handling, anesthesia, and surgery and hold Second Chance Animal Shelter, Inc., and its volunteers, employees, directors, and facilities harmless should a cat experience complications, injury, escape, or death.

3. I understand and agree that any cat deemed by the veterinarian to be severely ill or injured will not be spayed/neutered and I will be called to bring the cat to a veterinarians office to be humanely euthanized at my expense.

4. I understand that feral cats cannot be handled by the medical staff until they are under anesthesia. Therefore a physical exam cannot be done on the cat prior to administering anesthesia.

5. I release the Second Chance Animal shelter, Inc. and its volunteers, employees, directors, and facilities from any liability for any injuries, incurred or caused, while trapping, transporting, or caring for these cats.

6. I promise to see that all cats released will receive food, water, and necessary care on a regular basis when they are returned to the location from which they were taken following surgery, and I acknowledge the possibility that once released, some cats may not return.

7. I understand that each cat entered into the Feral Cat F.A.S.T. program will have his or her ear "tipped" to allow ease of recognition upon re-release. "Tipping" involves the surgical removal of the top 1/8" of the ear.

Name (please print)

Signature

Street Address

State

Citv

Zip Code

Phone

Date

Please note that the fee charged for this program <u>does not</u> cover the entire cost for spay/neuter services. Please consider making an additional donation.

Donations are tax-deductible as allowed by law.

I can help to keep this program going by providing an additional donation of \$_____. and/or donation of

Thank you for your support!

To be completed by Admissions volunteer:

Cat ID Numbers:_