



Feral Cat Admittance Criteria and Release Form

Date: _____

Fill out this form in its entirety, including Zip Code, Description and Sex of Cat(s), if known, and sign the Release of Liability on the back (or second page) of the form.

Caregiver Name (please print) _____

Telephone Number _____

Street Address _____

Cell Number _____

City & ZIP _____

E-Mail Address _____

Donation Amount _____

Trapper Name (if different from Caregiver) _____

Trapper Telephone Number _____

Street Address _____

Trapper Cell Number _____

City & ZIP _____

Colony Location (address or other geographical location)

Cat's Description: _____ Sex: _____

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SERVICES PROVIDED:

\$40 donation is requested for the Feral Cat Package which includes: spay/neuter, ear tip, rabies & distemper vaccines, Ivermectin for parasites, penicillin; *if surgery is done at a SCFN monthly clinic* pain injection for females, Sub-Q fluids for pregnant females, ears cleaned & Advantage for fleas are also included.

Any services requested in addition to the above donation, such as test for FIV/FelV, must be paid for by the caregiver. Also, any medications needed for sick ferals brought into clinics must also be paid for by the caregiver & are usually provided at a reduced cost.

RELEASE OF LIABILITY

By my signature on the back of this form, I acknowledge that the above information is correct and I agree to the following.

This spay/neuter service is devoted to helping reasonably healthy un-socialized feral and free roaming cats (not owned) that are expected to be returned to the colony and otherwise would not be sterilized. Cats must be older than 2 months old and/or weigh at least 2 pounds. The veterinarian performing the spay/neuter will make the final determination regarding whether a cat is healthy enough and/or old enough to have surgery.

Cats **will not** be admitted that:

- are owned or are expected to be placed in a home as a pet by the caregiver or someone else,
- or, may be turned into an animal control facility.

All cats admitted will be altered, given a 1-year rabies vaccination, receive an injection of Ivomec for parasites and will have the left ear tipped so the caregiver and others can more easily determine which cats have been altered once they are returned to the colony.

A cat may be combo tested at the caregiver's expense. However, the caregiver must also leave written notification regarding what action should be taken if cat is found to be positive (to euthanize or not) before leaving the cat. **No cat will be declawed as part of the clinic, even if paid for by the caregiver**

Feral cats have an unknown health history and should be presumed not vaccinated against rabies. While they may appear docile, they may bite and scratch if handled. Space Coast Feline Network, its volunteers and facilities are released from any liability for any injuries that I or they may incur or be caused while trapping, transporting or caring for these cats. If I have not had preventative rabies immunizations, I will not handle animals unless they have been anesthetized.

Feral cats face risks during handling, anesthesia and surgery. The Space Coast Feline Network, its volunteers or the participating facilities will not be held responsible should a cat experience complication, injury, escape or death.

The attending veterinarian will humanely euthanize any cat found to be severely ill or injured or have a medical condition that would make it inhumane to release the cat. Every effort will be made to contact the caregiver before euthanizing a cat, but the time limits associated with a feral spay/neuter are recognized when bringing a cat in for spay/neuter services.

I agree to return to pick up the listed feral cats (or have a designated agent pick them up) at the specified time. Any cats not picked up will be considered abandoned and taken to the Animal Shelter and a report of illegal animal abandonment will be made.

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

I have read and acknowledge the above information.

Date: _____

Caregiver's Signature

Witness