

# TNR Responsibility Agreement



All of us for all of them.®

AID: \_\_\_\_\_ (For Internal Use) Drop Off Number: \_\_\_\_\_ (For Internal Use)

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_ PID: \_\_\_\_\_ (For Internal Use)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email address: \_\_\_\_\_

## ANIMAL INFORMATION

Pet's description (breed, sex, age, and color):  
\_\_\_\_\_

Location trapped (full address if possible):  
\_\_\_\_\_

Zip Code: \_\_\_\_\_

**The Animal Foundation (TAF) uses qualified staffing and approved materials for all procedures related to Trap Neuter Return (TNR) of community cats. Carefully read and initial all of the following before signing.**

### I agree to the following terms and conditions:

- I confirm I do not own this cat and I intend to return it back to its original outdoor home. I confirm I am not fostering this cat with the intention of adopting it out.
- I understand the cat(s) will be spayed/neutered, ear tipped (no exceptions), and receive FVRCP and Rabies vaccines.
- I understand every cat must be brought in and remain in a humane trap individually due to their unknown temperament for the safety of the staff.
- I understand that surgery completion may take more than one day and animals must remain at the facility until surgery is complete.
- I understand there are risks, although seldom and minimal, associated with surgical procedures requiring anesthesia and pain management, that may result in medical complications or even death. If the cat is pregnant at the time of surgery, I understand that pregnancy will be terminated.
- I agree that any cat who is in severe or chronic pain could be humanely euthanized at the veterinarian's discretion while the cat is under anesthesia. I understand I may not be notified prior to the procedure being performed to prevent further suffering.
- I understand that if a bite occurs during the cat's stay, TAF will follow the city or county's public health Rabies Isolation protocol.
- I agree to pick the cat up the day after surgery is performed and return the cat to the location it was trapped for release.

*By signing this agreement, I acknowledge that some community cats are feral, and like wild animals, they 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 The Animal Foundation (TAF), all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this program and procedure or any adverse reactions to vaccinations. I agree that I have not and will not claim any right of compensation from them, or file action by reason of such sterilizations or attempted sterilization of such animal or any consequences related thereto. I also agree to indemnify and hold TAF harmless for any damage caused during the transportation of the animal, or for any damages caused by unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, etc.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_