



For Office Use Only:
Approved/Denied
Staff Initial _____
Date _____

I have _____ cat(s) in need of assistance from Whitman County Humane Society's Feral Cat Trap-Neuter-Release Program (WCHS TNR). In exchange for WCHS' commitment to assist in the vaccination and neutering or spaying of feral cats brought to WCHS by me, I agree and covenant as follows:

_____ To be eligible for the donation-based clinics, I understand that the spay/neuter/vaccination is only available for feral/un-owned cats, and I certify that to the best of my knowledge these cats are un-owned. I accept any liability that may occur to the trapping and treatment of an owned cat and agree to waive any right to bring suit versus Whitman County Humane Society, or their staff, volunteers and facilities resulting from the trapping and treatment of an owned cat.

_____ I understand that all cats will be "ear tipped" by the surgical removal of the tip of the left ear while under anesthesia so they can be easily identified as having been sterilized and vaccinated.

_____ I recognize the risks cats face during handling, anesthesia, and surgery and hold Whitman County Humane Society, Affordable Vet Care Spay & Neuter Clinic, TLC Animal Care, their veterinarians, staff, volunteers, and facilities harmless should a cat experience complications, injury, escape, or death.

_____ I understand that trapped animals may be dangerous and I agree not to open any trap or handle any animal unless specifically instructed. I release Whitman County Humane Society, Affordable Vet Care Spay & Neuter Clinic, TLC Animal Care, their veterinarians, staff, volunteers from any liability for any damages or injuries that I may incur or cause while trapping, confining, transporting or releasing these cats.

_____ As deemed by a veterinarian to be severely ill or injured or that tests positive for FeLV or FIV, the cat may be humanely euthanized without prior notification to caretaker/trapper.

_____ I agree to bear all the financial responsibility of caring for the spayed/neutered cats upon taking possession of the cats post-surgery. I promise to see that following surgery, spayed/neutered cats will receive food, water, and necessary shelter on a regular basis when they are returned to the location from which they were taken. I commit to caring for these cats indefinitely and will secure a substitute caretaker if I am unable to provide adequate care. I acknowledge the possibility that once released, some cats may not return.

_____ I agree to pick up the treated cats at the specified time. Any cats not picked up will be considered abandoned and all fees associated with caring for the cat after the agreed pick up time will be the responsibility of the signer and legal abandonment will be filed.

_____ WCHS is funded by donations and a \$20 per cat donation is suggested but not required. Checks should be made out to Whitman County Humane Society. Credit card and cash is also an acceptable form of payment.

_____ This waiver applies to and shall bind the undersigned successors, assigns, spouse, and heirs.

Trapper/Releaser Information:

Name: _____ Phone Number: (_____) _____

Address: _____ City: _____ Zip Code: _____

Signature _____

Date _____