

TNR Responsibility Agreement, Liability Waiver and Surgery Consent

The Trap-Neuter-Return (TNR) program is the only method proven to be humane and effective at controlling outdoor cat 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 <u>returned</u> to their territory. 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

The Humane Society of Huron Valley (HSHV) uses qualified staffing and approved material for all procedures performed. This waiver will also cover any future cats you bring through HSHV's TNR program. Carefully read and understand all of the following before you sign your name.

I agree to the following terms:

- 1. I agree to a \$20 fee per cat in Washtenaw County and Plymouth (\$75 per cat for areas not listed), due upon arrival.
 - o Cat(s) will be spayed/neutered
 - If already sterilized, fee will go toward anesthesia/vaccine costs and will not be refunded
 - o Cat(s) will be ear tipped, no exceptions (included in surgery cost)
 - Cat(s) will receive rabies vaccine (included in surgery cost)
- 2. I understand the cat must remain in a live trap due to temperament in order to have a safe surgery performed.
- 3. I understand that there is some risk of injury or death in the procedure and the use of anesthetics and drugs. If the cat is pregnant at the time of surgery, I understand that pregnancy will be terminated.
- 4. 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. I understand I will be notified post-euthanasia.
- 5. I understand that if a bite occurs during the cat's stay, HSHV will follow Washtenaw County's public health Rabies protocol.
- 6. 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.

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

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Laive consent for USUV staff a	and volunteers to perform trappings on my	proporty and will inform
neighbors of the program.	nd volonieers to perform trappings on my	property and will inform
I request a FVRCP vaccination for each feline for an additional \$5 per cat.		
	a treatable injury or illness through short ter	
authorize HSHV to treat at a maxim cannot call you during surgery.)	num additional cost to me of \$	(must indicate, we
willingly assume the risk and responsibility of participating in directors, and employees from any and all claims arising ou vaccinations. I agree that I have not and will not claim any animal or any consequences related thereto. Caregiver/ag	d animals which can be unpredictable in their behavior and are capable this program. I hereby release the Humane Society of Huron Valley, all vut of or connected with the performance of this program and procedure right of compensation from them, or file action by reason of such sterilizate the terminate of the Humane Society of Huron damages caused by unforeseeable events including fire, vandalism, burn	veterinarians, assistants, volunteers, e or any adverse reactions to lations or attempted sterilization of such a Valley harmless for any damaged
Signature	Print Name	Date
Internal Use ONLY-ID # P		