



# TNR (Trap/Neuter/Return) Program Application

## Geauga Humane Society's Rescue Village

Please fill out and return this application to us. We will call you as soon as possible to get you onto the surgery schedule.

Caregiver Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is the **total** number of cats you need to have spayed/neutered? \_\_\_\_\_

What kind of shelter do the cats have? \_\_\_\_\_

Location of cats if different from address above: \_\_\_\_\_

**In requesting the services of Geauga Humane Society's TNR (Trap/Neuter/Return) Program, I understand and agree to the following points (Please read and initial each point below):**

\_\_\_\_\_ **GHS's TNR program only provides spay/neuter for unowned/stray cats.** I certify to the best of my knowledge that the cats I am admitting are unowned. I release Geauga Humane Society, its volunteers, and facilities from any liability incurred while transporting or caring for these cats.

\_\_\_\_\_ **These cats will have their left ear tipped** to identify them as sterile, free-roaming cats.

\_\_\_\_\_ Feral cats face risks during handling, anesthesia, and surgery and I hold Geauga Humane Society, its volunteers and facilities harmless should a cat experience complications, injury, escape, or death. **Any cat deemed by the veterinarian to be severely ill or injured will be humanely euthanized. Best efforts will be made to contact me first.** If I cannot be reached at the number given, GHS may go ahead and humanely euthanize if determined to have a condition making its release inhumane.

\_\_\_\_\_ **I understand that due to the limitations of the TNR program no other veterinary services will be provided.** If a problem is identified by the veterinarian on duty I will be informed of the condition at the time of release and it will be my responsibility to seek veterinary attention elsewhere.

\_\_\_\_\_ **I agree to pay a minimum fee of \$25 per cat. (Optional: Revolution application for an additional \$5 per cat)**

\_\_\_\_\_ I promise that these cats will be safely sheltered after surgery. I will only release them once they are fully awake. **I will return all cats to the location(s) from which they were taken** following the guidelines established by Geauga Humane Society.

\_\_\_\_\_ I agree to pick up the admitted cats at the specific time and adhere to the discharge and recovery instructions. **Any cats not picked up will be considered abandoned and will be reported to the Geauga County Humane Agent.**

\_\_\_\_\_ **I agree to only bring cats in a humane trap or secure, plastic cat carrier. I also agree to not bring multiple cats in a carrier or trap.** I understand that I may be turned away on surgery day if I do not adhere to these requirements.

While we do not use antibiotics at the time of uncomplicated spay/neuter surgery, there are times when once an animal is anesthetized that we find an infection or wound that should be treated with antibiotics. If indicated by physical exam findings and instructed by the veterinarian, I agree to allow the administration of a single dose of long-acting antibiotic as appropriate. **I understand that there will be a \$25 charge for this medication.** I agree \_\_\_\_\_ I decline \_\_\_\_\_

**Signature below indicates agreement with all of the above statements:**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of GHS representative: \_\_\_\_\_ Date: \_\_\_\_\_