



Humane Society of the Palouse
 2019 East White Avenue Moscow, Idaho 83843
 (208)883-1166
www.humanesocietyofthepalouse.org

<p><u>For Office Use Only</u></p> <p>Approved / Denied</p> <p>Staff Initial: _____</p> <p>Date: _____</p>

HSOP Trap-Neuter-Return Agreement

Name: _____	Phone Number: _____
Address: _____	City: _____ Zip Code: _____

In exchange for HSOPs commitment to assist in the vaccination and sterilization of feral cats brought by me, I agree to the following statements: **Please read and initial each line **

_____ To be eligible for the program, I understand that the spay/neuter/vaccination is only available for feral cats, and not owned, pet cats. I certify to the best of my knowledge these cats are not pets. 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 the Humane Society of the Palouse, 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 already sterilized and vaccinated.

_____ I recognize the risks cats face during handling, anesthesia, and surgery, and I hold Humane Society of the Palouse, Cedar Veterinary Hospital, North Palouse Veterinary Clinic, 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 the Humane Society of the Palouse, Cedar Veterinary Hospital, North Palouse Veterinary Clinic, their veterinarians, staff, and volunteers from any liability for any damages or injuries that I may incur or cause while trapping, confining, transporting, or releasing the cat(s).

_____ As deemed by a veterinarian to be severely injured or terminally ill, the cat may be humanely euthanized without prior notification to caretaker/trapper.

_____ I agree to bear all financial responsibility of caring for the spayed/neutered cat(s) upon taking possession of the cat(s) post-surgery. I will see that following surgery, they 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. I acknowledge the possibility that once released, some cats may not return.

_____ I agree to pick up the cat(s) at the specified time.

_____ HSOP is funded by donations and a \$20.00 per cat donation is suggested, but not required. Checks should be made out to HSOP. Credit card and cash is also an acceptable form of payment. See mailing address above.

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

Signature: _____

Date: _____