



Frederick County Humane Society
550 Highland Street Suite 200
Frederick, Maryland 21701

Trap/Neuter/Release/Manage (TNR/M) Grant Program Participation Agreement

Participant Name (printed): _____

Address _____

Phone: Day # _____ Evening # _____ Cell # _____

Email: _____ Best Way/Time to Reach You: _____

Property Location Where Cat(s) Reside:

As a participant of the TNRM program, I understand and agree to the following:

1. I agree to provide adequate food, water, shelter, and medical aid for the cat(s) trapped, neutered and returned.
2. I understand that the cat(s) will be spayed/neutered and given rabies vaccinations. The cat(s) will be ear-tipped (tip of left ear removed), the universal symbol that a feral/semi-feral cat has been spayed/neutered.
3. As with any veterinary treatment and/or surgery, there are associated risks. As a participant, I agree that I will not hold the FCHS liable for any outcome, which could result in the loss of an animal.
4. Traps are costly thereby I agree to place a refundable deposit of \$40 for each trap at the time of trapping. This deposit will be returned upon the return of trap(s) in good condition.
5. I understand that the traps to be used are the property of the FCHS and are to be used only for the animals on my site. I understand that the traps are not to be used to take cats to any animal shelter or a veterinarian to be euthanized or released at another location.
6. I will work with FCHS to trap the cats within 2 weeks; or contact FCHS to keep them informed of my schedule.
7. The FCHS works with veterinarians to obtain substantially discounted rates for sterilization and vaccinations. Therefore, I agree to keep scheduled appointments for sterilization.
8. This program can only continue if participants agree to pay for additional services. If required, I understand that if I request any additional services, I am responsible for payment to the veterinarian at the time the service is rendered. Additional services may include pre-operative blood work, pain medications, and testing for feline leukemia/FIV. I also understand that I will be responsible for any additional charges related to a female cat in heat, pregnant, or lactating, as determined by the veterinarian; I agree to pay the vet directly for these charges.
9. I understand that FCHS does not test feral for FIV and FeLV, nor automatically recommend euthanasia because of a positive test result. I understand that, upon my request, FCHS will offer advice and help confer with the veterinarian as to the best treatment for cats who test positive.
10. I acknowledge that I am the property owner of above address and do hereby give my permission to _____ tenant or other resident dwelling on or near property to participate in the Trap/Neuter/Release/Manage effort supported by the FCHS.
11. I understand that the cats will be altered and vaccinated for rabies and be returned to my property to be cared for by _____ tenant or caregiver
12. I agree to place a deposit of \$40 for each trap borrowed and agree that FCHS has the authority to keep said deposit if traps are not returned.

Participant Signature: _____

Date: _____



I, the undersigned owner or authorized agent of the cat named _____, hereby give my consent to the volunteers of the Frederick County Humane Society and veterinarians to transport, hospitalize, anesthetize and perform a hysterectomy or castration surgery and other medical services such as but not limited to vaccinations, ear mite/flea treatment, etc. on my cat. I understand that anesthetic and surgical procedure carries inherent risks of complications. While rare, (less than one in a thousand), serious complications including but not limited to: infection, bleeding, allergic reaction, cardiac arrest, and death- do sometimes occur. Additionally, pets sometimes damage their incisions due to licking, chewing, and/or over activity. I accept this risk and understand that I am responsible for the costs of treating any complications. I also understand that due to the nature of the spay/neuter clinics there is no pre-anesthetic blood testing performed prior to surgery. I hereby release the Frederick County Humane Society and their staff, employees, owners, directors, officers, and volunteers from any and all claims arising out of or connected with the performance of this operation or procedure.

Signature of Owner _____ Date _____

Owner/Agent _____

Address _____ State _____ Zipcode _____

Cat ___ Dsh ___ Dmh ___ Dlh ___ Color/Breed _____ Age _____ Male ___ Female _____

The Following Services are requested: Please check to those that apply:

Paid for by FCHS Petsmart Grant:

Spay/Neuter _____ Rabies Vac _____ Ear Tip _____

To be paid for by caretaker:

Distemper _____ Flea Meds _____ Ear Mites _____ Worming _____ Microchip _____

Other _____ Prior Rabies Vac Date Exp _____

CERTIFICATE OF RABIES VACCINATION

DO NOT WRITE BELOW; CLINIC USE ONLY:

CAT ___ COLOR ___ BREED _____ SEX ___ TAG # _____

VACCINE PRODUCER _____ SERV# _____ DATE _____ TO _____

VETERINARIANS'S SIGNATURE _____ VET # _____

The following services were performed by Dr. _____ DVM on _____

Spayed ___ (pregnant or lactating) Neutered ___ Ear tip ___ Rabies ___ Idexx Combo _____

Ear Mites ___ Distemper ___ Flea Meds ___ Worming ___ Micro-chip ___ FeLv ___ Lyme _____

Other _____

Please refer to the Post Op Instructions for the care of your cat(s)!