

Audrain Humane Society TNR Program

Caregiver's Name: _____

Caregiver's Address: _____

Address for Colony if different from Caregiver: _____

Caregiver's Telephone: _____

Caregiver's E-MAIL: _____

Normal Feeding time: _____ Total Number of Cats/Kittens In Colony _____



WHO IS TRAPPING:

___ AHS TRAPS

___ CARETAKER TRAPS

___ Have Traps

___ Need Traps (\$20 deposit per trap)

	Cat's Name (if named)	Color/Markings	Gender M/F (if known)	Adult or Kitten	Feral	or	Somewhat Tame
1.	_____	_____	_____	_____	_____		_____
2.	_____	_____	_____	_____	_____		_____
3.	_____	_____	_____	_____	_____		_____
4.	_____	_____	_____	_____	_____		_____
5.	_____	_____	_____	_____	_____		_____
6.	_____	_____	_____	_____	_____		_____
7.	_____	_____	_____	_____	_____		_____

Preferred Vet if you Trap: ___ Audrain Vet Clinic (Monday thru Friday) ___ Mexico Animal (Monday thru Friday) ___ No Preference (Monday thru Friday)

Once approved, if you are doing the trapping yourself, you will receive an E-MAIL with the voucher for the TNR of the cats listed on your application. You will then be responsible for making the appointment with the Vet you have been appointed to use. If you need us to supply the traps, there is a \$20 deposit per trap which will be refunded when traps are returned in good shape. We will let you know the date for available traps.

If AHS is doing the trapping, we will add you to our list and will contact you with a date for trapping.

Drop-off times for surgery are 8AM and pickup times are 3:30PM – 5:00 PM.

TNR Services - TNR Cats will be spayed/neutered. Cats will receive rabies vaccine. Cats will be ear tipped, so they will be easily identified that they are being cared for. I understand there is some risk of injury or death in the procedure and the use of anesthetic and drugs. If the cat is pregnant at the time of surgery, I understand that the outcome will be left to the Veterinary's discretion. 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. I give consent to Audrain Humane Society members and volunteers to perform trappings on my property and will inform neighbors of the program.

I hereby release Audrain Humane Society and the Vet performing the surgery for any liability arising from the performance of the procedures listed above.

Please Sign Below (by typing name, it will act as a signature).

Name _____