



Volunteer Sign In Form & Release Waiver

Veterinary Class of 2015

Date: _____

By my signature below, I acknowledge the following:

- 1) I agree to comply with the mission and policies of Operation Catnip and to follow the guidelines and direction established by the College of Veterinary Medicine and the Clinic Supervisor.
- 2) Since cats coming through the clinic may have been exposed to the rabies virus or other infectious diseases and are likely to bite defensively, Operation Catnip’s clinic procedures forbid the handling of ANY conscious cat. As rabies can be transmitted by bites, scratches, and saliva, current rabies immunization is required for all personnel with potential cat contact. In addition, all volunteers must wear gloves at all times, even if there is no cat contact.
- 3) I release Operation Catnip and its staff, volunteers, and facilities, the College of Veterinary Medicine, and the University of Florida from any liability for any injuries or damage that I may incur or cause while volunteering with Operation Catnip.
- 4) I release my likeness, in photo and video image, for Operation Catnip’s or any media’s use now and in the future. To revoke this release, I will provide my request in writing to the Clinic Supervisor and indicate it in writing on this form each time I sign-in.

Last name	First Name	Signature	Email Address and Phone	Year last rabies vaccine or titer	Sign In Time	Sign Out Time	Initials



Volunteer Sign In Form & Release Waiver

Veterinary Class of 2016

Date: _____

By my signature below, I acknowledge the following:

- 1) I agree to comply with the mission and policies of Operation Catnip and to follow the guidelines and direction established by the College of Veterinary Medicine and the Clinic Supervisor.
- 2) Since cats coming through the clinic may have been exposed to the rabies virus or other infectious diseases and are likely to bite defensively, Operation Catnip's clinic procedures forbid the handling of ANY conscious cat. As rabies can be transmitted by bites, scratches, and saliva, current rabies immunization is required for all personnel with potential cat contact. In addition, all volunteers must wear gloves at all times, even if there is no cat contact.
- 3) I release Operation Catnip and its staff, volunteers, and facilities, the College of Veterinary Medicine, and the University of Florida from any liability for any injuries or damage that I may incur or cause while volunteering with Operation Catnip.
- 4) I release my likeness, in photo and video image, for Operation Catnip's or any media's use now and in the future. To revoke this release, I will provide my request in writing to the Clinic Supervisor and indicate it in writing on this form each time I sign-in.

Last name	First Name	Signature	Email Address and Phone	Year last rabies vaccine or titer	Sign In Time	Sign Out Time	Initials



Volunteer Sign In Form & Release Waiver Veterinarians

Date: _____

By my signature below, I acknowledge the following:

- 1) I agree to comply with the mission and policies of Operation Catnip and to follow the guidelines and direction established by the College of Veterinary Medicine and the Clinic Supervisor.
- 2) Since cats coming through the clinic may have been exposed to the rabies virus or other infectious diseases and are likely to bite defensively, Operation Catnip's clinic procedures forbid the handling of ANY conscious cat. As rabies can be transmitted by bites, scratches, and saliva, current rabies immunization is required for all personnel with potential cat contact. In addition, all volunteers must wear gloves at all times, even if there is no cat contact.
- 3) I release Operation Catnip and its staff, volunteers, and facilities, the College of Veterinary Medicine, and the University of Florida from any liability for any injuries or damage that I may incur or cause while volunteering with Operation Catnip.
- 4) I release my likeness, in photo and video image, for Operation Catnip's or any media's use now and in the future. To revoke this release, I will provide my request in writing to the Clinic Supervisor and indicate it in writing on this form each time I sign-in.

Last name	First Name	Signature	Email Address and Phone	Year last rabies vaccine or titer	Sign In Time	Sign Out Time	Initials



Volunteer Sign-In & Release Waiver
General Volunteers (non-vet, non-vet student)

Date: _____

By my signature below, I acknowledge the following:

- 1) I agree to comply with the mission and policies of Operation Catnip and to follow the guidelines and direction established by the College of Veterinary Medicine and the Clinic Supervisor.
- 2) Since cats coming through the clinic may have been exposed to the rabies virus or other infectious diseases and are likely to bite defensively, Operation Catnip's clinic procedures forbid the handling of ANY conscious cat. As rabies can be transmitted by bites, scratches, and saliva, current rabies immunization is required for all personnel with potential cat contact. In addition, all volunteers must wear gloves at all times, even if there is no cat contact.
- 3) I release Operation Catnip and its staff, volunteers, and facilities, the College of Veterinary Medicine, and the University of Florida from any liability for any injuries or damage that I may incur or cause while volunteering with Operation Catnip.
- 4) I release my likeness, in photo and video image, for Operation Catnip's or any media's use now and in the future. To revoke this release, I will provide my request in writing to the Clinic Supervisor and indicate it in writing on this form each time I sign in.

Last name	First Name	Signature	Email Address and Phone	Year last rabies vaccine or titer	Sign In Time	Sign Out Time	Initials