

By my signature below, I acknowledge the following:

1. **Operation Catnip provides spay-neuter for free-roaming/unowned cats only**, and I certify that to the best of my knowledge the cats I am admitting for spa-/neuter are unowned. **I agree to relinquish these cats for adoption if homes become available.** I release Operation Catnip, its volunteers, staff, and facilities from any liability incurred while I am transporting or caring for these cats.
2. Feral cats face risks during handling, anesthesia, and surgery, and I hold Operation Catnip, its volunteers, staff, 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.**
3. In addition to sterilization, these cats will have their left ears tipped to identify them as sterile, free-roaming cats. Routine preventive health care (vaccines, parasite control) and treatment for extraneous conditions will be performed according to the veterinarian's recommendation and the available resources.
4. **I promise these cats will be safely sheltered after surgery and that I will follow recovery instructions** provided at the time of discharge.
5. **I will return all cats to the location from which they were taken**, following the guidelines established by Operation Catnip, and agree that no cat will be surrendered to a shelter or relocated once presented to Operation Catnip for sterilization.
6. I agree to return to pick up the listed cats at the specified time. **Any cats not picked up will be considered abandoned and relinquished to Animal Services; a report of illegal animal abandonment will be filed.**
7. I agree to release the use of my likeness to Operation Catnip for promotional or educational use in photos or video.
8. I have received a copy of the above conditions for services.

DATE: \_\_\_\_\_

**Caregiver information:**

NAME (Print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: Where I can be reached today in an emergency (\_\_\_\_\_) \_\_\_\_\_

Phone 2 (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Check here if you do not want to be added to our mailing list.**

**Transporter Information (IF different from Caregiver):**

NAME (Print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: Where I can be reached today in an emergency (\_\_\_\_\_) \_\_\_\_\_

Phone 2 (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Check here if you do not want to be added to our mailing list.**

**Information about cat colony location:**

CAT COLONY ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**YES!** I'd like to donate \$\_\_\_\_\_ to continue helping cats!  cash  check (#\_\_\_\_\_)  credit card  
Donation is from  caregiver  transporter Donation received by: \_\_\_\_\_

**----- AREA BELOW FOR OPERATION CATNIP USE ONLY -----**

OC CAT #	COLOR	TRAP #	OC CAT #	COLOR	TRAP #
F16-			F16-		
F16-			F16-		
F16-			F16-		
F16-			F16-		
F16-			F16-		