



Trap Rental Agreement

By my signature below, and my receipt of _____ (#) humane traps, I acknowledge the following:

- 1) _____ **Thank you** for helping our community's cats. The daily rental fee for this trap(s) will be waived if the trap is returned to Operation Catnip (4205 NW 6TH St., Gainesville) by _____.
- 2) _____ **I agree to pay a late fee** of \$10 per trap if the trap(s) is(are) returned past the above date, without prior authorization.
- 3) _____ **The value of each trap is \$70**, and I will be responsible for said sum plus any collection costs and attorney's fees incurred securing its return or replacement.
- 4) _____ **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 trapping are unowned.
- 5) _____ **I release** Operation Catnip, its staff, volunteers and facilities from any liability incurred while transporting or caring for these cats.
- 6) _____ **Feral cats face risks during handling, anesthesia, and surgery**, and I hold Operation Catnip, its staff, volunteers, and facilities harmless should a cat experience complications, injury, escape, or death.
- 7) _____ **I agree to protect the welfare of the cats** at all times while using this trap, including monitoring for threats, protection from weather, keeping the trapped cat covered with a sheet to reduce stress, and transportation in a covered, climate-controlled vehicle.
- 8) _____ **I agree to deliver the cats to the clinic and to pick them up 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.
- 9) _____ **I promise these cats will be safely sheltered after surgery** and that I will follow recovery instructions provided by Operation Catnip at the time of discharge.
- 10) _____ **I will return all cats to the location(s) from which they were taken**, following the guidelines established by Operation Catnip.
- 11) _____ **I agree that I will not use the trap for any unlawful act** or for the capturing of a cat to cause it harm or to result in euthanasia or shelter impoundment of a healthy cat.
- 12) _____ **I agree to return the traps clean** and free of newspaper, during our normal office hours of 1 pm to 6 pm Tuesday-Friday and 9 am to noon on Saturday, ready for use by the next caregiver.
- 13) _____ **My signature below indicates that I received a copy of this form**.

NAME (Print): _____

SIGNATURE: _____

ADDRESS: _____ Apt # _____

City _____ State FL _____ Zip _____

PHONE: Home (_____) _____ Work (_____) _____ Ext. _____

Cell (_____) _____ Email _____

CLINIC: Date: _____ Arrival Time: **7:30am – 9:30am**

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

TRAP #s: _____

DEPOSIT: \$ _____ Check # _____ Cash Credit Card

Received by _____ Date _____

Returned by _____ Date _____

STAFF USE
Date: _____
Initials: _____
Notes: _____
Date: _____
Initials: _____
Notes: _____
Date: _____
Initials: _____
Notes: _____
Date: _____
Initials: _____
Notes: _____