

Caregiver Release

CAREGIVER INFO	Name		Date of Visit	
	Street Address		City	State Zip
	Cell Phone	Home Phone	Email	

TERMS	Please carefully read, and ensure you understand the following:
	<ul style="list-style-type: none"> I certify that to the best of my knowledge, the cats I am admitting to the clinic are unowned. I agree to relinquish these cats for adoption if homes become available. I understand that all cats will be scanned for a microchip, and that if a cat I have brought in is identified as an owned cat, I will relinquish this cat to the owner. All 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. The cats may have no known medical history. I release Operation Catnip, its volunteers, staff, and facilities from any liability incurred while I am transporting or caring for these cats. Any cat deemed by the veterinarian to be severely ill or injured will be humanely euthanized. I understand that except for kittens listed specifically under the "Kitten Shelter Diversion Program," these cats will have one of their ears tipped to identify them as sterile, free-roaming, Rabies-vaccinated cats. Routine preventative health care (additional vaccines, parasite control) and treatment for extraneous conditions will be performed according to the veterinarian's recommendation and the available resources. I promise these cats will be safely sheltered after surgery and that I will follow recovery instructions provided at the time of discharge. 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 inhumanely once presented to Operation Catnip for sterilization. I agree 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. I understand that Operation Catnip provides training to veterinary students and that clinical and surgical procedures may be performed by a qualified student, under the supervision of a DVM coach. I agree to release the use of mine and the cats' likeness to Operation Catnip for promotional or educational use in photo or video.

CONSENT	By signing, I acknowledge that I have read, understood and agree to all the terms listed above and confirm that all the information given on this form is correct.	
	Signature	Date

CAT INFO	Address where cat was trapped (if different from your address):				Caregiver name at this address:		Phone:	
	Please allow OC staff and volunteers to complete the rest of this form- Thank you!							
	Cat ID/ Name	Color	Breed S, M, L	Trap #, Carrier	Cat ID/ Name	Color	Breed S, M, L	Trap #, Carrier