

ID: _____	Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Clinic Date: Jan. 16, 2010
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(Clinic use only — please leave blank)

COMMUNITY CATS MARYLAND, INC. TNR Clinic Intake Form

Rabies Certificate Information

Pickup: Sunday or Monday (please circle one)

Your Name: _____ **Trapper/Transport Name:** _____

Address: _____ **Contact Phone Sat/Sun:** _____

City & Zip: _____ **Colony Site:** _____

Any Additional Information: _____

Please initial after each item verifying you understand the conditions.

1. THIS CLINIC PROJECT IS DEDICATED TO **FERAL** CATS THAT WILL BE RETURNED TO THEIR COLONY AFTER SURGERY. Cats will receive the following services: spay/neuter; **EAR TIPPING**; deworming; FVRCP and age-appropriate rabies vaccine; treatment for fleas, ear mites and minor wounds (time permitting); and minor grooming treatment. Cats that will not receive all of these services WILL NEED TO BE TAKEN ELSEWHERE FOR NEUTERING. _____
2. I have checked these ferals for obvious health problems. I understand that I am to inform the intake coordinator when checking these cats into the clinic if I've identified any issues. _____
3. I am the guardian/guardian's authorized agent of these cats, and give permission to medically and surgically sterilize and treat them. I also understand that I must pick these cats up on the day, and at the time specified by the intake coordinator. _____
4. I understand that all cats must be brought to this clinic in humane traps. **Carriers are not acceptable** for feral cat recovery or care. I have borrowed ___ traps and ___ trap covers and I understand that I am to return them (cleaned as specified on the Cat Pick-Up and Trap Return sheet) within one week of my TNR event date. _____
5. I have read and understand the intake form and the three fact sheets:
 - TNR Intake Form _____
 - Dos and Don'ts for Humane Trapping _____
 - Cat Pick-Up & Trap Return _____
 - Post Surgical Care for Feral Cats _____
6. I understand that pre-surgical blood work and examinations are not a component of the TNR surgical process. I understand that there is a risk of side effects and/or possible death with surgery and I shall not hold participating volunteers, staff or organizations liable. _____

I understand my obligations to the cats and to the program and will abide by them.

Signature: _____

By signing above I agree that I understand and accept the terms and conditions detailed in items 1-6.

