



COMMUNITY CAT SPAY/NEUTER INFORMATION AGREEMENT FOR RELEASE AND ASSUMPTION OF RISK

Caregiver Information:

Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-mail address: _____

Location of trapping: _____

Transporter Information:

☐ Same as above

Name: _____

Phone #: _____ E-mail address: _____

Please contact to arrange pick-up when cat(s) are in recovery: ☐ Caregiver **OR** ☐ Transporter

As an additional service, we offer the following treatments for the community cats at the corresponding rates: *(please indicate which procedure(s) you elect)*. Payment can be made with cash or credit card (checks are not accepted).).

- ☐ Topical Revolution application (to kill adult fleas and prevent eggs from hatching, treat ear mites, roundworms and hookworms) – **\$20.60**
- ☐ Tapeworm Injectable Treatment - **\$20.66**
- ☐ Feline Leukemia Vaccination - **\$22.66**
- ☐ Feline Leukemia/FIV Blood Test - **\$45.32** (Note: Per Code of Virginia, Title 3.2. Agriculture, Animal Care, and Food, Chapter 65. Comprehensive Animal Care, any cat that tests positive for either disease will be euthanized unless completely confined from other animals)
- ☐ Microchip – Chip, Implantation, Lifetime Registration - **\$51.50**
- ☐ "Pay it Forward" donation - \$_____ (please fill in donation amount)

I, the authorized agent of the listed community cats, hereby authorize and give my consent to the surgeon and veterinary team to perform the following required procedures in addition to those I have indicated above:

1. Administer anesthesia
2. Perform a surgical spay or neuter on all cats I or my designated transporter present today.
3. Administer a 1-year Rabies vaccination to all cats I or my designated transporter present today.
4. Administer a 1-year Distemper vaccination to all cats I or my designated transporter present today.
5. Perform an ear-tipping procedure on all cats I or my designated transporter present today, so as to designate them as spayed or neutered and vaccinated for Rabies.
6. Perform incisional tattooing (green ink) on spay patients to indicate altered status.

I hereby release PVC, its doctors and veterinary team from any and all claims, except claims of negligence, arising out of or connected with the performance of the animals' surgery/treatment/ procedure. I understand anesthesia will be given, that it carries risks, and in extremely rare instances, death may result.

I accept the full financial responsibility for the additional services I have selected and understand that the only costs I am NOT responsible for are the cost of the spay or neuter, Rabies vaccination, Distemper vaccination, ear-tipping, and tattooing. I understand that payment is due in full upon release of the cats or when service is otherwise terminated. I have had a chance to ask questions to my satisfaction. I acknowledge that no assurance or guarantee has been made of the results of the elected procedures.



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I, as the responsible party for the listed community cats, understand that if in the opinion of the surgeon, the animal's condition is such that it should, in its own interests, be euthanized without delay, the veterinarian will need to act as soon as possible. In these instances, the surgeon or staff member will call me for permission to euthanize. If I am unable to be reached, the surgeon has my permission to euthanize the animal. The primary purpose of euthanasia is to relieve suffering and the decision to follow this option will be based on an assessment of many factors. This may or may not include the extent of the nature of the disease or injuries, the prognosis, and the potential quality of life after treatment. Whether given expressed permission or acting unilaterally, the veterinarian will make a full record of all the circumstances supporting the decision to euthanize.

I, the authorized caregiver/transporter of the listed cats, acknowledge that the purpose of the TNR program is to humanely address community cat populations, and that each of the cats will be returned to and released at the exact site they were trapped. I agree that I will not release cats at a location other than the exact area where they were originally trapped; doing otherwise is considered abandonment and will result in banning from the TNR program and prosecution.

I acknowledge it is the discretion of the shelter's TNR intake coordinator whether to admit the cats. I understand inherent risks exist when trapping, transporting, and otherwise providing care for these cats. I assume these risks and hereby release and hold harmless Fairfax County, its Board of Supervisors and volunteers from any and all claims arising out of, or connected to, each cat's participation in the Fairfax County Animal Shelter's TNR program. I agree that I have not and will not claim any right of compensation from the parties mentioned above or file action by reason of any injury or death caused to or by a cat participating in the Shelter's TNR program.

Cardiopulmonary Resuscitation (CPR): In the event of an emergency, please designate your wishes regarding this medical procedure for the cats you have presented today.

- ☐ **YES**, I do authorize CPR for the cats and understand that I will be responsible for the associated costs.
- ☐ **NO**, I do NOT authorize CPR for the cats.

Caregiver or Transporter signature

Date

For office use only

Cats presented by this caregiver/transporter: (description/size/gender)
