

TNR AGREEMENT / CONSENT FORM – ONE FORM PER COLONY CARETAKER

COLONY CARETAKER DETAILS:

NAME: (please print)		PHONE NUMBER: (during clinic hours)	
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PERSON PICKING UP CAT(S) TONIGHT (** leave blank if same as colony caretaker **)

NAME: (please print)		PHONE NUMBER: (during clinic hours)	
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DETAILS OF CAT(S)

NAME OF CAT	DESCRIPTION	GENDER (circle one)	WHERE CAT WAS TRAPPED	KNOWN MEDICAL ISSUES/CONCERNS
	HAIR LENGTH: (circle one) SHORT MED LONG	MALE FEMALE UNKNOWN	Address and/or nearest intersection: City:	
	COLOR(S):			
	MARKINGS: (i.e. calico/tabby)			
	HAIR LENGTH: (circle one) SHORT MED LONG	MALE FEMALE UNKNOWN	Address and/or nearest intersection: City:	
	COLOR(S):			
	MARKINGS: (i.e. calico/tabby)			
	HAIR LENGTH: (circle one) SHORT MED LONG	MALE FEMALE UNKNOWN	Address and/or nearest intersection: City:	
	COLOR(S):			
	MARKINGS: (i.e. calico/tabby)			
	HAIR LENGTH: (circle one) SHORT MED LONG	MALE FEMALE UNKNOWN	Address and/or nearest intersection: City:	
	COLOR(S):			
	MARKINGS: (i.e. calico/tabby)			
	HAIR LENGTH: (circle one) SHORT MED LONG	MALE FEMALE UNKNOWN	Address and/or nearest intersection: City:	
	COLOR(S):			
	MARKINGS: (i.e. calico/tabby)			

PLEASE TURN OVER SHEET AND READ/SIGN PAGE 2

- The THS TNR clinic criteria and practices** – ensure that your cat(s) meets the program requirements.
- Your online registration form** - if there are any inaccuracies/edits please advise intake staff.
- The consent form on the reverse side of this page** – must be signed prior to surgery
- The post-operative recovery and release information** – please review

CAREGIVER CONSENT:

I, being 18 or more years of age and responsible for the animal(s) described above, have the authority to grant the Toronto Humane Society, its staff members, volunteers, or agents, temporary custody for the purposes of sterilization surgery and any necessary medical treatment for the animal(s) named above.

To the best of my knowledge all information included in registration of the animal(s) is truthful and accurate

I understand that the service is only available for unowned, or feral/free roaming cats, and I certify that to the best of my knowledge these cats are unowned. I accept and indemnify the Toronto Humane Society and its staff, officers, members, volunteers and agents against any liability that may occur as a consequence of the treatment of an owned cat.

I recognize the risk during the handling, anesthesia, and surgery and hold Toronto Humane Society and their members, volunteers, agents and facilities harmless should a cat experience complications, injury, escape, or death. I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury or escape. I understand that Toronto Humane Society, its staff, officers, members, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure (such as hernia repair, dental extractions, wound management) I consent to the attending veterinarian to performing such procedures.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animals' sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

I understand that all animals must be picked up from the clinic at the time designated by Toronto Humane Society clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and will be handled in accordance with THS policies and procedures. I understand that once an animal has been abandoned, I relinquish all custodial or other rights respecting the animal and I will be held responsible for any and all medical costs including boarding expenses.

SIGNATURE: _____ **DATE OF TSC TNR CLINIC:** _____

DISCHARGE INFORMATION	PRINT NAME	SIGNATURE
Discharged to:		
Discharged by:		