



TNR Registration and Release Form

ID #: (yyyymmdd-tag #)
(Filled by Clinic Staff)

I, (print name) _____ **acknowledge the following:**

1. FieldHaven provides spay-neuter for free-roaming/unowned cats only, and I certify that to the best of my knowledge the cats that I am admitting for spay/neuter are unowned. I release FieldHaven, its volunteers, staff and facilities from any liability incurred while I am transporting or caring for these cats.
2. Feral cats face risks during handling, anesthesia and surgery, and I hold FieldHaven, its volunteers, staff and facilities harmless should a cat experience complications, injury, escape, or death. **Any cat deemed by the veterinarian to be severely ill or injured will be humanely euthanized.**
3. In addition to sterilization, these cats will be ear tipped to identify them as sterile, free-roaming cats. Routine preventative health care (vaccine, parasite control) and treatment for extraneous conditions will be performed according to the veterinarian's recommendations and the availability of resources.
4. I promise these cats will be safely sheltered after surgery and that I will follow recovery instructions provided at the time of discharge.
5. I will return all cats to the location from which they were taken, following guidelines by FieldHaven, and agree that no cat will be surrendered to a shelter or relocated once presented to FieldHaven for sterilization.
6. I agree to return 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 abandonment will be filed.
7. I agree to allow FieldHaven to use photos or videos of the cats for promotional or educational needs.

Initial: _____ **Date:** _____ **Volunteer Release on File:** *

Who will pickup?: _____ **Contact Number:** _____

If your information isn't in our Trapper/Caregiver Database, please fill out the back

Cat Name	Cat Description	Microchip # (filled out by Clinic Staff)

Colony: (if applicable) (if not on file please complete on back)	Proposed Outcome: TNR/Home Assess for Intake
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Notes / Additional Info:

-----**THIS SECTION FOR FIELDHAVEN USE ONLY**-----

Date/Time Seen:	Clinic: Hathaway ASN Animal Save Other:
Description: DSH DMH DLH Color:	Age: Kitten Teen Adult Older Gender: Male Female Unknown Altered: Yes No Unknown
<input type="checkbox"/> Scanned for Chip	Actual Outcome: Vaccines/Chip Only TNR/Home Intake Euthanized Other:

Trapper or Owner Information (if not already on file)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Email: _____

Signature: _____ Date: _____

Colony Location by Address for feral cats (if not already on file)

Address: _____

Colony Caregiver information for feral cats (if different from above) (if not already on file)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : (_____) _____

Email: _____