

Caretaker Information / Clinic Reservation / Release

Date: _____

New Caretaker

Repeat Caretaker

Name: _____

Address: _____

City: _____

Zipcode _____

Phone: _____

Email _____

How you heard about us _____

Approximate number of cats _____

Release

By my signature below, I acknowledge the following:

1. I am aware that feral and farm cats may have existing health conditions that may put them at risk during surgery. I recognize the risks feral cats face during handling, anesthesia, and surgery and hold Camp Companion and its volunteers, board members and loaned 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. I also release Camp Companion and its volunteers and facilities from any liability for any injuries, which may occur while trapping, transporting, or caring for these cats.
2. I promise that all cats will receive food, water, shelter and necessary care on a regular basis following surgery when they are returned to the location from which they were taken. I acknowledge the possibility that once released, some cats may not return.
3. I agree to return to pick up the feral cats at the specified time. Any cats not picked up will be considered abandoned and taken to Animal Control, and a report of illegal animal abandonment will be made. (Generally Camp Companion will assist with transport to and from the clinic)
4. I am aware that each cat will be spayed/neutered, vaccinated and have its left ear clipped to identify it as a spayed/neutered cat.

Signature: _____



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