



Return to Field/ Trap-Neuter-Return Release Form

Caregiver/ ACO Info	Name:			
	Address:		City:	
	Phone Number: <small>(where you can be reached at today)</small>		Email:	
	ACO Transporter and Phone Number: <small>(if applicable)</small>			
Terms	Please read carefully the below and ensure you understand the following:			
	<p>1. I certify to the best of my knowledge, the cats I am admitting to the shelter are unowned. I understand that all cats will be scanned for a microchip, and that if a cat I have brought in is identified as an owned cat, I will relinquish this cat to the owner.</p> <p>2. All cats face risks during handling, anesthesia, and surgery, and I will hold Halifax Humane Society, its volunteers, staff, and facilities harmless should a cat experience complications, injury, escape, or death. The cats may have unknown medical history. I release Halifax Humane Society, its volunteers, staff, and facilities from any liability incurred while I am transporting or caring for these cats. Any cat deemed by the veterinarian to be severely ill or injured will be humanely euthanized without contact.</p> <p>3. I understand these cats will have one of their ears tipped to identify them as sterile, free-roaming, rabies and FVCRP-vaccinated cats. Routine preventative health (additional vaccines, parasite control) and treatment for extraneous conditions will be performed according to the veterinarian's recommendation and available resources.</p> <p>4. I promise these cats will be sheltered after surgery and that I will follow recovery instructions provided at the time of discharge.</p> <p>5. I will return all cats to the location from which they were taken and agree that no cat will be surrendered to a shelter or relocated inhumanely.</p> <p>6. I agree to pick up the cats at the specified time. Any cats not picked up will be considered abandoned and relinquished to Animal Services; a report of illegal animal abandonment will be filed.</p> <p>7. I understand that Halifax Humane Society provides training to veterinary students and that clinical and surgical procedures may be performed by a qualified student, under the supervision of a DVM coach.</p> <p>8. I agree to release the use of mine and the cats' likeness to Halifax Humane Society for promotional or education use in photos and videos.</p>			
Consent	By signing, I acknowledge that I have read, understood, and agree to all the terms listed above and confirm that all the information given on this form is correct.			
	Signature _____		Date _____	
Cat Information	Cat ID/Name	Location Trapped (Street #, Street Name)	Sex (if known)	Color