



JURISDICTION

***I understand that all Trap-Neuter-Return cats are to be re-released in the place they were trapped after recovery from surgery and will receive an **ear-tip (surgical removal of the tip of the ear approximately 3/8" or 1cm)** to allow easy recognition of cats who have been already neutered or spayed from a distance. They will also be vaccinated and receive a flea treatment.

***We recommend all cats be confined in an appropriate cage in a safe place for 12-24 hours following their surgical procedure to allow for the anesthesia to work through their system. **DO NOT HOLD MORE THAN 24 HOURS UNLESS INSTRUCTED BY THE CLINIC STAFF!!!**

***The patient is transported in a secure humane feral cat trap, and I will not remove them until time of release. I pledge this is an **un-owned animal**. I understand it is possible the patient may have not fasted appropriately and the intake of food/water before surgery can increase the risk of operative complications.

***I understand that feral cats do not get a thorough hands-on pre-anesthetic exam. I also understand the anesthetic and surgical procedures may involve risk of complications, injury, or even death from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. I understand that since this is an un-owned cat **all** decisions regarding this cat will be made by the veterinarian including, but not limited to a female feral spay/abort and euthanasia if deemed necessary. In the event of complications or death I will not hold Volusia County Animal Care Clinic, their staff nor their veterinarian (s) conducting the surgery responsible. I understand the Volusia County Animal Care Clinic does not provide any after-hours emergency care for animals and if an animal does need after- hours emergency assistance that I should contact my local veterinarian. I understand that I am responsible for all expenses incurred with this animal after it is discharged.

*****Drop off is between 7:30am-8:30am and the latest pick-up time is 5:15pm the day of surgery unless otherwise stated by the staff.**

***Your signature below indicates your acknowledgement that you have read and agree to the above procedures, and you authorize and consent to the surgical procedure including administration of anesthesia.

SIGNATURE(COLONY CAREGIVER) _____ DATE: _____
PRINT (CAREGIVER NAME) _____

E-MAIL ADDRESS _____

CONTACT # FOR TODAY _____

ADDRESS (WHERE CAT WAS TRAPPED) _____

CAT NAME _____

CLINIC USE ONLY

MALE

FEMALE

TRAP WEIGHT _____