Brevard Spay/Neuter Clinic, 4430 Dixie Highway Suite 1 Palm Bay, FL 32905

CAREGIVER RELEASE FORM

FERAL/COMMUNITY CATS

Fill out only one of these CAREGIVER RELEASE FORMS TODAY UNLESS YOU HAVE FERAL CATS FROM MORE THAN ONE LOCATION

STEP 1: Caregiver Information

Caregiver Name:
Mailing Address: **City:** **Zip:**
Phone-Please circle the number where you can be reached today if need be. **Home:** **Cell:** **Work:**
Email Address-If you would like to receive periodic information on feral cats, give us your email address.
Will you be having someone else pick your cats up? What is their name?
What is the general area or address of the feral cats you are bringing today? Please include a zip code for the area. (We apply for grants based on this information)

STEP 2: Feral cat information

What is the total number of unowned, free-roaming cats you have brought today? _____ **cats**

Clarification--Although you are bringing these cats in today to be sterilized so they don't continue to reproduce, you do not own them—nor does anyone else to your best knowledge. Fill out a Feral Cat S/N Record form for each one of these cats and they will be sterilized and ear-tipped, receive Rabies and Rhinotracheitis/Calicivirus/Panleukopenia vaccinations, and receive external and internal parasite treatment.

Please give a name and brief description of each cat you have brought today. Include its length of hair (short hair—SH, medium hair—MH, long hair—LH) and its color or colors.

0. Example: "Kitty Kitty" SH Orange, Black, and White

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

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AUTHORIZATION

1. **I certify that to the best of my knowledge, the cats I am admitting for sterilization are not owned by anyone. I agree to relinquish any of these cats for adoption if homes become available.**
2. I understand the risks inherent to anesthesia and surgery, particularly for cats that are feral, pregnant, injured, sick, and/or have no medical history available. I understand that feral/free-roaming cats do not undergo a pre-anesthetic physical exam by a veterinarian. By presenting these cats for surgery, I accept the risks for any underlying health problem that would complicate recovery and/or survival from anesthesia and/or surgery. I release Brevard Spay/Neuter Clinic, its volunteers and facilities from any liability incurred while transporting or caring for these cats.
3. Feral/free-roaming cats face risks during handling, anesthesia, and surgery, and I hold Brevard Spay/Neuter Clinic, its volunteers and facilities harmless should a cat experience complications, injury, escape, or death.
4. **I understand that any cat presented that is to be released to a free-roaming lifestyle that experiences a serious adverse reaction to anesthesia, and/or surgery, or is deemed by our veterinarian to be seriously ill, seriously injured, or unlikely to humanely survive if released to a free-roaming lifestyle, may be humanely euthanized without further consent by me. By signing this Release Form, I give consent at this time for the veterinarian to use his/her discretion.**
5. **I certify that, to the best of my knowledge, any cat I present to this clinic, now or in the future, has not bitten anyone including myself, in the preceding 10 days. 10-day quarantine is required in all incidences of a bite.**
6. I understand that these cats will be scanned for microchips, and that if a microchip is found, further procedures will not be performed. Brevard Spay/Neuter will attempt to contact the registrant of the microchip and inform him/her how the cat was transported to the clinic, and how best to retrieve the cat.
7. I understand these cats will have their left ears tipped and a tattoo (green line) on their abdomen to identify them as sterile, free-roaming cats.
8. I promise these cats will be safely sheltered after surgery and that I will follow recovery instructions provided by Brevard Spay/Neuter Clinic at the time of discharge.
9. 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 once presented to Brevard Spay/Neuter Clinic for sterilization.
10. **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 animal abandonment will be filed.**
11. I agree to release the use of my likeness to Brevard Spay/Neuter Clinic for promotional and/or educational use in photos or video.
12. I certify that I am fully informed of the contents of this CAREGIVER RELEASE FORM through reading it and by asking questions to clarify the information. I completely understand and agree with its contents before signing it.
13. I understand and agree that if a third party is assisting in payment, they will receive a copy of the invoice.
14. I understand that under Florida Statute 474.224, I have the right to receive a written prescription for my pet's medication that may be filled at the pharmacy of my choice, or if available, have my prescription filled by Brevard Spay-Neuter Clinic.

^ Caregiver's or Caregiver-Agent's Signature ^ **^ Date ^**

( ) $10 Phovia Light Therapy – make sure to highlight on green form

NONPROFIT: ( )HOPE ( )Daphne ( )Hollis ( )Indian River TNVR ( )_____ Owed on pick up: $_____