

# TNVR Responsibility Agreement



**Peggy Adams**  
ANIMAL RESCUE LEAGUE

**AID:** \_\_\_\_\_ (For Internal Use) **Drop Off Number & Weight:** \_\_\_\_\_ (For Internal Use)

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email address: \_\_\_\_\_

## ANIMAL INFORMATION

Cat's Breed: \_\_\_\_\_ Coat Color & Pattern: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Exact Trapping Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Peggy Adams Animal Rescue League (PAARL) uses qualified staffing and approved materials for all procedures related to Trap Neuter Vaccinate Return (TNVR) of community cats. Carefully read and notate all the following before signing:**

### I agree to the following terms and conditions:

- I confirm I do not own this cat and I intend to return it back to its original outdoor home. I confirm I am not fostering this cat with the intention of rehoming it or adopting it out.
- I understand every cat must be brought in and remain in a humane trap, individually, due to their unknown temperament and for the safety of staff.
- I consent for the cat to be spayed/neutered, ear tipped (no exceptions), microchipped, and vaccinated with FVRCP and Rabies vaccines. If the cat is pregnant at the time of surgery, I understand the pregnancy will be terminated.
- I understand there are inherent risks associated with surgical procedures requiring anesthesia and pain management, that may result in medical complications or even death. I understand that if the veterinarian declines to perform the surgery due to the cat's health, I will be advised of the recommended next steps to take.
- I agree that any cat who is not in good health and determined to be suffering or is unable to thrive in their outdoor home, may be humanely euthanized at the veterinarian's discretion, while the cat is under anesthesia. I understand I may not be notified prior to the euthanasia being performed to prevent further suffering for this cat.
- I understand that surgery completion may take more than one day, that animals must remain at the facility until surgery is complete, and that pick-up is the day after surgery is performed.
- I understand that if a microchip is found at the time of surgery, further procedures may not be performed. I agree to have PAARL intake the cat as a stray so all efforts can be made to reunite the cat with its owner/caregiver.
- I certify that, to my knowledge, this cat has not bitten, scratched, and/or drawn blood in the past 10 days. I understand that if a bite incident occurs during the cat's stay, PAARL will follow the county's public health rabies isolation protocol.

*By signing this agreement, I acknowledge that some community cats are feral, and like wild animals, they can be unpredictable in their behavior and are capable of inflicting serious bodily injury. I willingly assume the risk and responsibility of participating in this program. I hereby release Peggy Adams Animal Rescue League (PAARL), all veterinarians, partners, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this program, procedure or any adverse reactions to vaccinations or medications. I agree that I have not and will not claim any right of compensation from them, or file action by reason of such sterilizations or attempted sterilization of such animal or any consequences related thereto. I also agree to indemnify and hold PAARL harmless for any damage caused during the transportation of the animal, or for any damage caused by unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, etc.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_