



BCAS TNR Program for Community Cats

Surgical Disclaimer

YOUR NAME: _____ **ADDRESS:** _____

CITY: _____ **MD, ZIP:** _____ **PHONE:** _____ **EMAIL:** _____

Address where cat(s) were found: _____ **City:** _____ **MD ZIP** _____

Caregiver NAME (if known): _____ **PHONE:** _____

Caregiver EMAIL: _____

TOTAL # of Cats in Colony: _____ **# of Cats Brought in for TNR:** _____

Do any of the cats being dropped off today have an injury or illness? **Yes** **No**

What is the cause of the injury (if known)?

DISCLAIMER

I certify that I am either: (a) the responsible party for the cat(s) described below, and have the authority to transport the cat(s) described below or, (b) have been authorized by and have the authority of the responsible party to transport the cat(s) described below, and have the authority to grant consent for BCAS to do spay/neuter surgery, administer vaccines, receive, prescribe for, treat and/or operate on the cat. I understand the surgery contemplated is a Spay/Neuter. I understand that this cat will also be vaccinated for FVRCP and Rabies and may be given a topical flea treatment. I understand that every cat will be ear-tipped while under anesthesia. I understand that BCAS will use responsible precautions against injury, escape or death of this cat; and I understand that some risks include (*but are not limited to*) anesthetic reactions, vaccine reactions, flea treatment reactions, genetic defects, and abnormal development of major organs. Due to the nature of feral felines, I understand that BCAS will not attempt to examine any cat brought in for TNR surgery prior to anesthetizing, and by signing below I authorize BCAS to perform Spay/Neuter and ear-tipping, microchipping, give vaccines and flea treatment to this cat. I understand that BCAS does not provide regular veterinary services. I also understand that BCAS does not provide 24-hour supervision. _____ **(Initial)**

A veterinarian will evaluate each cat's ability to be released. _____ **(Initial)**

The procedures performed at Baltimore County Animal Services (BCAS) are for the purposes of spaying/neutering cats; **the BCAS clinic is not a full service, public veterinary or emergency veterinary clinic.** If issues arise that are *directly related* to the cat's spay/neuter surgery, please contact BCAS at (410) 887-7297. **If you feel you need EMERGENCY help, please go to the nearest animal emergency center.** If you seek medical care, please note that BCAS is not financially responsible for your bills. All efforts should be taken to prevent post-operative issues; re-anesthetizing post-operative patients for re-suture carries inherent risk. BCAS uses qualified staff and approved materials for all procedures performed. It is important that you understand that the risk of injury or death, although extremely low, is always present. _____ **(Initial)**

I hereby release Baltimore County, BCAS, the veterinarians, assistants, and all of its employees and members from any and all claims arising out of or connected with the performance of these procedures, vaccines and/or treatments. I agree that I have not claimed and will not claim any right to compensation from any of the aforementioned parties, or file action by reason of such sterilization or attempted sterilization of such cat or any consequences related. BCAS shall not be held responsible for any illness or defects which may develop as a result of the procedure, nor shall BCAS be liable for any damage or injury to person or property which may be caused by this cat. I understand that vaccinations and other veterinary treatments can cause adverse reactions in some cats. _____ **(Initial)**

I verify to the best of my knowledge that the cat(s) described below is/are healthy and free of any pre-existing conditions that may further complicate the Spay/Neuter surgery and/or any treatments deemed necessary by the vet. _____ **(Initial)**

If a wound of unknown origin is found, a member of the medical team will contact you. You will be offered the option of quarantine for 120 days or euthanasia. _____ **(Initial)**

I understand that BCAS reserves the right to refuse to perform the procedures at its discretion. _____ **(Initial)**

I understand that BCAS does not offer combination testing (FELV or FIV) for TNR cats. I hereby release BCAS, the veterinarians, assistants, and all of its employees from any fault from positive results obtained from testing at a later date. By initialing I verify that I understand and agree with this testing policy/procedure mentioned in the above paragraph. _____ **(Initial)**

I understand that if I fail to pick up this cat within 24 hours that BCAS will decide each cat's outcome at that time. I understand that a cat may be returned to the home address listed above if it is not picked up. I understand that any cat that becomes property of BCAS could be put up for adoption, placed with a rescue or in a foster home, be treated as a stray, be returned outdoors if they come in as a stray or be humanely euthanized. _____ **(Initial)**

I understand that eligibility requirements for this program include: Every cat must appear healthy. Every cat must be over 3 months in age and 3 pounds in weight. Kittens found to be less than 3 months of age will not be accepted into the TNR program. _____ **(Initial)**

Every cat must be living outdoors from an address within Baltimore County. I understand that if it is later found that I've given false information then I will no longer be allowed to use this program going forward. I understand that no pet cats or indoor cats are eligible for this program. _____ **(Initial)**

Responsible/Authorized Party Signature

(Today's Date)

Witness

(Today's Date)

BCAS STAFF TO FILL OUT THIS SECTION

CAT Name: _____ Breed (circle): DSH/DMH/DLH Color(s): _____ Sex: M/ F/ Unk, Age: ____

Health concerns: _____ ACIMP or ACS# _____

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