



# HSSV TNR PROGRAM CHECK-IN FORM

For HSSV Use Only  
Feral # \_\_\_\_\_

TNR Partner (if you aren't working with a partner please write N/A) \_\_\_\_\_

Is this cat from a managed colony with a known feeder? (please circle) **YES** **NO**

If Yes, how # of cats in the colony \_\_\_\_\_ # of cats already TNR'ed (not including today's cats) \_\_\_\_\_

Date: \_\_\_\_\_ Towel/Blanket Color: \_\_\_\_\_

Cat Coat Length:  Short  Medium  Long Cat Color: \_\_\_\_\_

Originating Location of Cat: \_\_\_\_\_  
Address/Cross Streets City Zip Code

Primary Contact for Animal: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Contact's Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

	YES	NO
<b>Mark YES or NO for each question below</b>		
<b>Is this a presumably healthy cat?</b> <i>If no, and you believe this cat needs medical attention or is here for health concerns, please fill out the back of this form.</i>		
<b>If take home medications are needed, would you like a medication consultation?</b>		

**For any medical concerns, please complete the back of this form**

By signing this form, I hereby agree to and acknowledge that I will abide by these policies set forth in order to participate in the HSSV Community Cat Spay & Neuter program. If I fail to abide by these policies, HSSV reserves the right to discontinue offering any further services to me.

1. To the best of my knowledge, this cat is an un-owned free-roaming cat and will be returned to its originating location within 24 hours of pickup from the HSSV Community Cat Spay & Neuter Program, unless otherwise directed by HSSV staff.
2. To the best of my knowledge, this cat has not bitten anyone in the last 10 days.
3. I, acting as finder and/or trapper of the cat described above, understand that HSSV, through whomever veterinarians they may designate, will perform an operation for sexual sterilization of the cat described above.
4. I understand that the operation presents some hazards, and that injury to, or death of, an animal may result from the surgery or use of anesthetics and other drugs used during the procedure.
5. I understand that HSSV has absolute discretion with respect to treatment of this cat, including humane euthanasia if deemed necessary, and that it will make its decision based on a consideration of factors including the interests of the cat. I agree that I have no legal, equitable, ownership or possessory interest in this cat, and am voluntarily utilizing the Community Cat Spay & Neuter program.
6. I understand that if I do not retrieve the animal at the agreed upon time, HSSV will have absolute discretion with respect to the disposition of the cat, and that it will make its decision based on a consideration of factors including the interests of the cat.
7. I understand that the cat will have his/her ear "tipped" and will have a tattoo to show that s/he has been sterilized.
8. I hereby release HSSV, all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of, or connected with, my submission of this cat to the Community Cat Spay & Neuter program, the performance of this procedure or any adverse reactions from vaccinations, or for any fraudulent or false statements made by the finder with respect to the cat. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. I agree to indemnify and hold HSSV harmless for any damages caused to the cat or myself in connection with my submission of this cat to the Community Cat Spay & Neuter program.
9. HSSV Community Cat Spay & Neuter Program Requirements:
  - a. All cats must be transported and arrive in a humane trap.
  - b. Only one cat per humane trap is permitted.
  - c. Cats must not be transferred in and out of humane traps on HSSV property.
  - d. Pick up and check in times are to be adhered to, unless prior written authorization is provided by HSSV Staff.

HSSV may at any time, and in its sole discretion, modify these terms and conditions. I understand that my continued use of HSSV's services following any such modification constitutes my acceptance of these modified terms.

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

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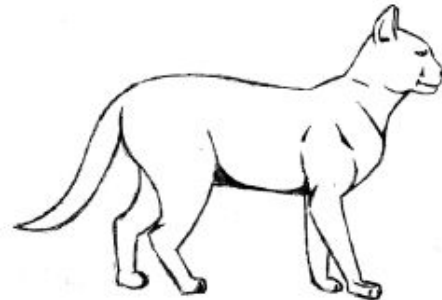
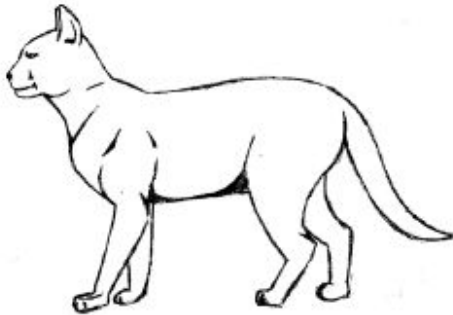
## HSSV Community Cat Medical Concern Information

Please be advised, additional fees may apply

What is your main concern for this cat? \_\_\_\_\_

Description of illness or injury you are observing:	When did you first notice these signs?	How long have you been observing them?

Please circle on the diagram below where you observed wounds, lesions, pain, limping, or other injury:



View Left Side

View Right Side

Please provide any additional information that could be helpful to veterinary staff:

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