



# Peggy Adams Animal Rescue League Community Cat TNVR Application

Cats number  
\_\_\_\_\_

Your name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Emg phone # \_\_\_\_\_ How did you hear about Peggy Adams? \_\_\_\_\_

**BELOW WRITE EXACT ADDRESS WHERE CAT WAS TRAPPED. IF THE SAME AS ABOVE WRITE "SAME"**

Cat Pattern (tabby, calico, tuxedo etc.): \_\_\_\_\_

Color Colors \_\_\_\_\_

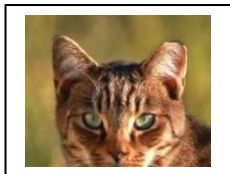
Estimated # of feral cats in the colony

Estimated # needing sterilization

OWNER NAME AND PH # IF DIFFERENT THAN ABOVE:

DISCHARGE AS "COMMUNITY CAT" WITH NO OWNER (CIRCLE) YES NO

**TNVR package:** spay/neuter, rabies vaccination if of age, FVRCP vaccination, microchip, ear- tip, antibiotic injection, Revolution application for fleas, ear mites, mange, and intestinal worms.



**Monday thru Friday – "Name Your Price" Fees due at intake.**

**All cats in this program will have their ear tipped. No exceptions.**

**Cats must be picked up and dropped off by 9:00 am.**

ABSOLUTELY NOTHING WILL BE ACCEPTED IN THE TRAP BUT THE CAT (no cups, towels, etc.)

**Trap must be covered with a towel or trap cover. A \$5 fee will apply to any uncovered trap for cover purchase.**

I, the undersigned, hereby request surgical spay/neuter at Peggy Adams Animal Rescue League community cat TNVR program. I have read, understand and agree to the following and have had the opportunity to ask questions concerning anything that I do not understand.

**All cats will have a green tattoo line at the surgical site to identify them as surgically sterilized.**

I certify that, to the best of my knowledge, any cat(s) I present to the Community Cat TNVR program have not bitten anyone in the preceding ten (10) days.

I understand that the cats are scanned for microchips, and that if a microchip is found, further procedures may not be performed. We may attempt to contact the registrant of the microchip and inform him/her how to retrieve the cat.

I understand that Palm Beach County ordinance requires ear tipping and microchipping. I agree that each cat spayed/neutered, or deemed previously spayed/neutered, will have one ear tipped and will be microchipped.

I recognize and understand the risks inherent to anesthesia and surgery, particularly for cat(s) that are pregnant, in heat, injured, sick and/or have no medical history available. I understand that the cat(s) do not undergo a pre-anesthetic evaluation by a veterinarian. By presenting these cat(s) for surgery, I accept the risks for any underlying health problems that would complicate recovery and/or survival from anesthesia and/or surgery. **Initial here** \_\_\_\_\_

I understand that any community cat(s) who appear to be unwell will not be treated at Peggy Adams Animal Rescue League spay/neuter clinic.

Caretakers of cats presented to this TNVR clinic agree to seek any additional veterinary care needed from a private Veterinarian.

I am aware that the cat I am presenting has the following condition:

If none, write the word "none" \_\_\_\_\_ **Initial here** \_\_\_\_\_

Any community cats suffering or unable to survive a humane lifestyle will be euthanized. By signing this Surgical Release Form, I give my authorization for euthanasia in this circumstance. Initial that you have read and understand. **Initial here** \_\_\_\_\_

I hereby release Peggy Adams Animal Rescue League, all veterinarians, employees, volunteers, and directors from any and all claims arising out of or connected with the performance of this procedure. 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. Owner/Agent hereby agrees to indemnify and hold Peggy Adams Animal Rescue League harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God. I have read and understand the above application and I agree to its terms.

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

**Donation Amount** \_\_\_\_\_



## Peggy Adams Animal Rescue League Feral Cat TVNR Instructions & Information

### Please read carefully

1. All cats must be a minimum of 3 months old and weigh at least 3 pounds.
2. I understand that the cat must be brought in for surgery in a humane trap with nothing else in the trap, no cups, plates, newspaper, towels, etc.
3. I understand if the cat is pregnant the kittens will be humanely aborted.
4. I will ensure the trapped cat **is covered with a trap cover** or towel at all times to help reduce stress and keep the cat calm. (a \$5.00 charge will be assessed for a trap cover if trap is not covered)
5. I will never leave the trap out overnight or unattended.
6. I will make sure that the adult cat does not get breakfast on the surgery day.
7. If I trap two or more cats in one trap, I will not attempt to release any of them, but instead will bring them for surgery with enough empty traps for each so they can be separated by the Peggy Adams Animal Rescue League staff after surgery. Note: If you do not have enough traps we loan out traps for a \$75.00 refundable deposit minus a \$10.00 rental fee per trap.
8. If a cat is nursing/lactating please wait until the kittens are four- six weeks of age before trapping the mother. The kittens should be removed for socialization at four weeks of age. If you need assistance please contact our Foster Program Coordinator at 561-472-8578.

### **Accommodations**

All feral cats should be kept in their traps until they are ready for release. Always keep the trap covered with a trap cover to help calm the cat. They will still be recovering from the anesthesia and must be kept somewhere warm and covered in a protected place such as a garage or covered porch. It is a good idea to elevate the trap slightly above newspaper over plastic (an old shower curtain for example) to allow feces and urine to fall through the trap and away from the cat. Check the newspaper under the trap to see if is soiled and if it is, change the paper. Check the cat periodically to make sure it is breathing and is not bleeding heavily. Heavy bleeding is not a common thing to happen. If you have major concerns about the cat during the day contact the League at 561-472-8813.

### **Food & Water**

The anesthesia may cause nausea. Therefore food & water should not be offered until the cat is fully awake. This is done by slipping a small cat food can or mayonnaise jar cover inside the trap by gently opening the front of the trap just enough to squeeze it in. Water can then be poured in through the top of the trap into the cup or lid.

For cats older than four months food should be offered the morning after surgery. Kittens four months and younger should be fed when fully awake. Give them a small amount of canned food. Again a can or lid can be used to drop the food into from above. Or you can cut up a square of newspaper and put the canned food on it and slip it into the trap.

### **Release**

Release feral male cats the morning after surgery. Females should be kept an extra day. If the cat was pregnant, we highly recommend you keep her for two days just to make sure she recovers. If a cat gets very aggravated or will not urinate or eat or drink, you should release sooner.

It is safest to release at night, for the cat's sake and yours. Place the front of the trap so that it opens on to an area as free of obstructions as possible and not facing a busy street.

THESE ARE SCARED UNTAMED ANIMALS. PLEASE BE CAREFUL WHEN HANDLING THE TRAP WITH A CAT INSIDE. IT IS RARE, BUT IF YOU ARE BITTEN, SEEK MEDICAL ATTENTION AND QUARANTINE THE CAT.

**SUTURES DO NOT NEED REMOVAL**