



Spaying Capital Region Unowned Feral Felines

Caretaker _____ Date _____

Caretaker Phone _____ Person picking up cat _____

Caretaker Email _____ Phone Number _____

Colony Location:

Street _____ City/Town _____

Nearest Intersection _____ Zip code _____

Do not write in space below

FOR SCRUFF USE ONLY

Cat ID Number _____ Cat Description _____

Estimated Age _____ Sex _____ Weight _____ Spay _____ Neuter _____

Rabies _____ FVRCP _____ Pregnant _____ Nursing _____ Cryptorchid _____

Other _____

Veterinarian _____

DKT Dosage _____ mL Antisedan _____ mL

Meloxicam (5mg/mL) _____ mL SQ SubQ FL _____ mL LRS

Ear Tip _____ Flea/Mite Worm TX _____ Sugar Lips _____

Post Op Comments _____

Special Care Instructions _____

Discharged by (Initials) _____ Date _____



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I, _____, being 18 years old or older attest and agree as follows:

To be eligible for SCRUFF, I understand that spay/neuter is only available for feral/unowned/free roaming cats, and I certify that to the best of my knowledge this cat is unowned. I accept any liability that may occur secondary to the trapping and treatment of an owned cat and agree to waive any right to bring suit against SCRUFF and its members, volunteers and facilities resulting from the trapping and treatment of an owned cat.

I understand that all cats will be "ear-tipped" by the surgical removal of the tip of the left ear under anesthesia so they can be easily identified as having been sterilized and will receive rabies and FVRCP (distemper) vaccinations. SCRUFF is not responsible for items left in or on the trap.

I recognize the risks feral cats face during handling, anesthesia and surgery and hold SCRUFF and its members, volunteers and facilities harmless should a cat experience complications, injury, escape or death and assume all risks.

I understand that modern techniques and trained staff and volunteers will be used to care for all cats, and reasonable precautions will be used to prevent injury, illness, escape or destruction of the cats. I understand that in the course of treatment, all reasonable medical procedures will be performed to arrest surgical complications. I understand that, should a condition deemed incompatible with a quality life is discovered, it is up to the veterinarian's sole discretion to euthanize. However, should such a complication arise and cause injury or death to the cat, I agree to hold SCRUFF and its members, volunteers and facilities harmless should a cat experience complications, injury, escape or death and assume all risks.

I understand that as long as, in the opinion of the attending veterinarian, the cat is an acceptable surgical candidate; the sterilization procedure will be performed. I understand that the attending veterinarian can refuse to perform any procedure on any cat for any reason. Such refusal is at the sole discretion of the attending veterinarian.

If during the course of treatment, a non-life threatening medical condition that causes the cat suffering is discovered, the attending veterinarian may perform the needed treatment such as removal of an abscessed tooth, amputating an injured tail or treating minor injuries at an additional cost to the cat's representative, caregiver, or guardian. I also understand that if other non-sterilization surgical conditions are discovered that require medical attention, such as hernia repair, the attending veterinarian will not perform such additional procedures.

I understand that trapped animals may be dangerous and I agree not to open any trap or handle any trapped animal unless specifically instructed. I release SCRUFF and its members, volunteers and facilities from any liability for any injuries or damages that I may incur or cause while trapping, confining, transporting or releasing these cats. I promise to see that, following surgery, spayed/neutered cats will receive food, water, shelter, and necessary care on a regular basis when they are returned to the location from which they were taken. I commit to caring for these cats indefinitely and will secure a substitute caretaker if I am unable to provide adequate care. I acknowledge the possibility that once released, some cats may not return.

Signature _____ Date _____

Address _____

Initials of person picking up cat that discharge instructions were given _____

SCRUFF PO Box 200 Guilderland NY 12084-0200
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