

Caretaker Registration

Spay and Stay's trap-neuter-return (TNR) program is designed to give Lake County, Illinois caretakers access to low-cost spay/neuter and vaccination services for the feral cats in their colony.

The cost for services:

- \$35 per cat for feral and stray cats that are to be ear-tipped and returned to their colony
- **\$70 per cat for feral or stray cats that are NOT ear-tipped and are being adopted into a home**

SERVICES PROVIDED

Spay and Stay's TNR program covers the following veterinary services:

1. Spay or neuter
2. 3-year rabies vaccination
3. Distemper vaccination
4. Ear-tipping of left ear - This is mandatory for feral and stray cats that will be returned to their outdoor colony or who are becoming indoor/outdoor pets.
5. Microchip
6. One treatment for parasites
7. Minor wound and dental care, if needed – cost to be determined by vet and payment discussed with Caretaker.
8. Humane euthanasia if found to have severe debilitating disease or injury

BORROWING TRAPS – All cats are required to be in traps.

Spay and Stay provides traps for use. You will pick up your trap(s) before scheduling your surgery with the Office. A \$70 per trap refundable deposit is required. If you do not return your trap in a timely manner we will use your deposit to buy a new trap.

Mail forms to:

Spay and Stay

PO Box 145

Grayslake, IL 60030

Fax forms to:

847-557-9136

Email to: Info@spayandstay.org

Caretaker Registration Form

Contact Information

Name: _____ Referred by: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Are you a Lake County Resident? Yes / No

** (If NO, discontinue form. Please see our website: www.spayandstay.org for a list of other county TNR groups.)

Description of Current Situation

Number of cats in the colony: _____

Describe the colony situation:

Where did the cats come from (if known)?

- Have you spoken with the neighbors about the cats? Yes / No
- Would you like information to share with your neighbors on how to keep cats out of the yard? Yes / No
- Would you like a list of rescues/shelters in the area for any friendly cats/kittens? Yes / No
- Do you currently feed the cats? Yes / No
- Do you provide water? Yes / No
- Is there a shelter? Yes / No -- Would you like to purchase a shelter? Yes / No

Please list the cats in your colony. (Attach additional sheets if necessary).

1. Name: _____ Color/Markings: _____

Gender: Male or Female Approximate Age: _____ (If known)

2. Name: _____ Color/Markings: _____

Gender: Male or Female Approximate Age: _____ (If known)

3. Name: _____ Color/Markings: _____

Gender: Male or Female Approximate Age: _____ (If known)

4. Name: _____ Color/Markings: _____

Gender: Male or Female Approximate Age: _____ (If known)

5. Name: _____ Color/Markings: _____

Gender: Male or Female Approximate Age: _____ (If known)

6. Name: _____ Color/Markings: _____

Gender: Male or Female Approximate Age: _____ (If known)

7. Name: _____ Color/Markings: _____

Gender: Male or Female Approximate Age: _____ (If known)

8. Name: _____ Color/Markings: _____

Gender: Male or Female Approximate Age: _____ (If known)

9. Name: _____ Color/Markings: _____

Gender: Male or Female Approximate Age: _____ (If known)

10. Name: _____ Color/Markings: _____

Gender: Male or Female Approximate Age: _____ (If known)

Caretaker Agreement And Release of Liability

Spay and Stay, a Not-for-Profit organization located in Lake County, Illinois, working in conjunction with various participating veterinary hospitals and clinics, has offered to the undersigned the opportunity to have feral cat(s) spayed or neutered, according to the policies of Spay and Stay.

I, _____ am the **registered caretaker** of the cats being brought in for spay/neuter surgery. I agree to waive and release Spay and Stay, and any participating veterinary hospital or clinics, its employees, agents, and others from any claims of any liability that may arise from the procedure on any cat(s) brought in.

I am aware that **feral cats face risks during handling, anesthesia, surgery, and post-operative recovery**. Spay and Stay, its volunteers and the participating veterinary facilities will not be held responsible should a cat experience complications, injury, escape, or death.

The **attending veterinarian will humanely euthanize any cat found to be severely ill or injured** or has a medical condition that would make it inhumane to release the cat back to its colony. I recognize that every effort will be made to contact me prior to euthanizing a cat, but I understand that a humane decision will be made on my behalf if contact is not made in a timely manner to ensure that no cat suffers unnecessarily.

This discharge and release of liability is absolute and complete and covers any liability which may otherwise arise due to complications or errors by any medical personnel or others involved in the procedure.

I have carefully read this release and fully understand and agree to it.

Caretaker name (*please print*) _____ Date: _____

Caretaker signature: _____

Acknowledgement of Property Owner's Permission

If the caretaker shown on this form is not the owner of the property on which the feral cat colony resides, the owner of the property must complete and sign this form.

I certify that:

- **I am the owner of the property** on which the colony identified on the previous page lives.
- **I will indemnify and hold harmless** Spay and Stay, its Founders, Board of Directors, Staff and Volunteers from any liability based on the existence of the cats on this property.

I have carefully read this release and fully understand and agree to it.

Property owner's
name (print) _____ Signature: _____

Property' street address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Date: _____