

Community Cat Assistance Program Application

Adopt-A-Pet, Inc.

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To apply for community cat assistance, simply complete this form and return via mail, fax or email. Adopt-A-Pet, Inc. will review it and if approved, Adopt-A-Pet. will contact you regarding scheduling a vet appointment. Do not use this form for companion cats living in your home. This program is not government run and exists solely on donations. At this time, AAP must require a minimum donation of \$45 to cover the cost of altering each colony cat. Please consider donating in addition to the minimum fee to help this program continue.

This program was created to lower to assist colony caregivers who are unable to afford the cost of taking the colony cats to a private veterinarian.

In order to be considered for this program we require that the applicant thoroughly read through the attached articles provided as follows (or download from our website).

Trap Loan: Adopt-A-Pet. maintains a small pool of live traps for transporting feral cats to/from the veterinary clinic. The number of live traps issued will depend on how many cats are in your colony. The traps will only be issued once a surgery date is scheduled and they must be returned immediately after the cats are released from the traps following surgery. A refundable deposit will be required.

Caretaker Information:

Caretaker name (print): _____

Signature: _____

Mailing address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email _____ Other contact: _____

Colony Information:

Number of cats in colony: _____

Feeding schedule: _____ Once Daily _____ Twice Daily Type of food: _____

Shelter: _____ Barn _____ Garage _____ Porch _____ Dog/Cat House _____

Other; Please List _____

Need assistance with shelter requirements _____

Colony location: Street address: _____

City, Zip: _____ County: _____

Property Owner's Name: _____ Owner's phone #: (____) _____

Spay/Neuter Assistance: Assistance includes the following services; spay/neuter, **ear tipping of left ear**. Services will not be rendered if declawing is requested or ear tipping is refused. Any other services provided by the vet at your request will be your financial responsibility, i.e. FIV/Felv testing or rabies vaccine, Distemper vaccine, worming, flea medication, etc..

Cats must be dropped off and picked up the same day of surgery. No exceptions can be made.

Assistance will be provided by the veterinarian of Adopt-A-Pet's choice. All arrangements for appointments and payment will be made by Adopt-A-Pet. Adopt-A-Pet reserves the right to change or discontinue this program at anytime. Please indicate your agreement to and understanding of the following statements by placing your initials on each line:

I certify that:

_____ 1. To be eligible for assistance, I understand that spay/neuter is available only for wild/unowned cats (feral or stray), and I certify that to the best of my knowledge these cats are unowned. I did not purchase the subject cats, obtain them from a shelter or another person, nor have I relocated the cats from another location. I understand the benefits of TNR (trap/neuter/return) for the humane management of feral cat colonies.

_____ 2. I own the property identified above as the colony location and give permission for the cats listed above to live out their lives on this property as outdoor wildlife. (If not, I have secured the property owner's/manager's permission as evidenced by their signature included in this application.)

_____ 3. I agree to complete a colony log which will provide accurate information regarding the members of the colony for Adopt-A-Pet and vet identification and tracking purposes. I agree to allow this information to be shared with animal control agencies as deemed appropriate by Adopt-A-Pet.

_____4. I recognize the risks all animals face during handling, anesthesia, and surgery and hold Adopt-A-Pet., its employees and volunteers and facilities harmless should a cat experience complications or death. I also release Adopt-A-Pet. and its volunteers and facilities from any liability for any injuries which I may incur or cause while trapping, transporting or caring for these cats.

_____5. I promise to see that spayed/neutered cats will receive food and water and necessary care on a regular basis when they are returned to the location from which they were taken following surgery and I acknowledge the possibility that once released, some cats may not return. On days that I am unable to care for the colony, I will endeavor to find a substitute caregiver to assist.

_____6. Since these are homeless cats, I agree to relinquish them for adoption should a suitable home become available. I understand a Pet Relinquishment Form will be used as my complete ownership transfer for any such animals deemed adoptable as decided solely by the authority and judgment of the veterinarian.

_____7. I agree to drop off and pick up the listed feral cats on the specified day and at the specified time deemed by the veterinarian and will adhere to all of the rules and instructions pertaining thereto (example: All cats must be contained safely following spay/neuter surgery for up to 2 days or more as deemed by the vet.) Any cats not picked up will be considered abandoned and taken to the local animal control agency, and a report of illegal animal abandonment will be made.

_____8. I will indemnify and hold harmless Adopt-A-Pet., its directors, staff and volunteers from any liability based on my participation in this program, and release them from any claims of past, present, or future.

_____9. I will use this program solely to benefit the listed cats and not to commit any unlawful acts. I will trap cats only for the purpose of sterilization, or other medically necessary treatment performed by Adopt-A-Pet.

Caregiver's Signature: _____ Date: _____

Acknowledgement of Property Owner's Permission
(Complete only if different than Caretaker Information).

I certify that:

- I am the owner of the property on which the colony identified on the "colony log" lives.
- I understand the benefits of TNR (trap/neuter/return) for the humane management of feral cat colonies.
- I allow the colony to be so managed on this property.
- I will indemnify and hold harmless Adopt-A-Pet and its agents, employees, and volunteers from any liability based on the existence of the cats on this property.

Signed: _____ Date: _____

Name: _____ Title: _____

Address: _____

City/Zip: _____ Telephone: _____

Colony Log: A copy of the log will be issued to veterinarian for accurate identification and tracking of altered cats. If you would like services (such as rabies vaccine or FIV/Felv test) you will need to pay the associated fee in addition to minimum donation for each cat. If you have more than 15 cats please attach a list to this form of the others.

Cat	Cat's Name	Color/ Markings	Sex M/F	Approx Age	S/N Date	FIV/FeLV \$23	Rabies \$10	Revolu \$18	Release Date
01									
02									
03									
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Donation amount \$ _____ (tax deductible)