



Release from Responsibility

Please use your complete address for this form, including your town and zip code.

We need this information to complete each cat's rabies certificate or to report to your town's animal inspector if the cat is diagnosed with a sound of unknown origin.

Please provide a number where you can be reached while the cat is at the clinic. The reason for this is if we need to ask you any questions or make any decisions about the cat's treatment we often must do this while the cat is under anesthesia or even in surgery. Ultimately, the attending veterinarians will make decisions in the best interest of the cat, however, we will try our best, and prefer, to work with you in treating the cat. We can only do this if we have a way to get in touch with you at all times during the day.

At the clinic, each cat is assigned a CAT ID Number during admission. This number goes on the cat's medical record (Paw Tag), is marked on the trap and is marked in the cat's right ear once it is under anesthesia. This is how we keep track of which cat goes to which trapper/caregiver.

We need to know the town/city that EACH cat comes from. Therefore, if you bring three cats from a colony in one town, and three cats from a colony in a different town, then you must fill out two separate Release from Responsibility forms. We will need to know which of the cats are from each town. We will identify each cat by number and we will write these CAT ID Numbers on each of the Release from Responsibility forms during admission of the cats.

If you and your buddy bring 10 cats from a single colony and each of you is taking responsibility for five of the cats then two Release from Responsibility forms must be completed, one for each person taking responsibility. We will need to know which cats each of you is responsible for. We will identify each cat by number and we will write these CAT ID Numbers on your Release from Responsibility form during admission of the cats.



12/11/09



Release from Responsibility

By signing this form, I am acknowledging that I have read and agree to the following:

1. The program veterinarian may decline to do surgery on any cat based on physical exam, age, state of pregnancy, or other medical reasons.
2. That any cat not accepted into a Commonwealth Cats Clinic will be returned to me for further treatment options, and if determined to be severely ill or injured may be humanely euthanized.
3. To authorize the use of anesthesia and pain medication, with all its associated risks, before, during and after the procedure.
4. That medical conditions may arise requiring additional procedures.
5. Feral cats face risks during handling, anesthesia, and surgery and agree to hold Commonwealth Cats and its volunteers, employees, directors and facilities harmless should a cat experience complications, injury, escape or death.
6. I understand that each cat admitted into a Commonwealth Cats Clinic will have its ear “tipped” to allow ease of recognition upon re-release. “Tipping” involves the surgical removal of the top ¼ inch of the ear while the cat is under anesthesia.
7. Massachusetts laws and regulations pertaining to rabies, including the handling, report and quarantine of animals with wounds of unknown origin must be adhered to.
8. This program is available solely for feral, stray and abandoned cats that are not living as part of a human family and are not intended to do so.
9. To pick up the feral cats at the specified time. Any cat not picked up will be considered abandoned and taken to the local animal control and/or a report of illegal animal abandonment may be made.
10. I agree that if a cat needs follow up medical care that it is my responsibility to provide that care with a veterinarian of my choice and at my expense.

Signature

Date

Name, please print

Home phone

Street Address

Cell phone

City, State and Zip Code

Email

The Commonwealth Cats clinic program is run entirely by volunteers who donate their time and expertise. Licensed veterinarians perform surgery pro bono. Our program is supported entirely by donations. Tax-deductible contributions to Commonwealth Cats, Inc. helps to keep this program going. It costs Commonwealth Cats approximately \$45 to sterilize each cat. We appreciate your generosity. Please consider making a donation today. Donation amount \$ _____

City/town where cat(s) reside: _____

Cat ID Number: _____ ↺

Commonwealth Cats, Inc.
P.O. Box 26, Peabody, MA 01960 ■ commonwealthcats@hotmail.com
www.commonwealthcats.org