



**METRO FERALS – TNR Clinic Consent and Release Form**  
(A SEPARATE FORM is required for EACH COLONY LOCATION)

Date: \_\_\_\_\_

<b>Clinic Use Only</b>	<b>Animal ID # from:</b>	<b>Animal ID # to:</b>
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**Caregiver Information**

Primary Caregiver's Name: <input type="checkbox"/> On File		
Mailing Address: <input type="checkbox"/> On File		
City	State	Postal Code
Primary Caregiver's Phone Number: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Landline Can this number receive/send text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Caregiver's Email Address:		

Secondary Caregiver's Name:	Secondary Caregiver's Phone Number:
Secondary Caregiver's Email Address:	

<b>Payment Arrangement</b>	<input type="checkbox"/> Caregiver <input type="checkbox"/> Rescue Group (Name): _____ <input type="checkbox"/> MD State Grant (Org.): _____ <input type="checkbox"/> Other: _____
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**Colony Information (If different from the Primary Caregiver's Address)**

<u>Colony Location:</u>		
<u>Address:</u> <input type="checkbox"/> On File		City
State	County	Postal Code

**What time did your animal(s) last eat?** \_\_\_\_\_

Name and phone number of the person to contact

**while the animal(s) is/are under anesthesia:** \_\_\_\_\_

**Drop-off/Pick-up Information**

Name of person <b>DROPPING OFF</b> animal(s):	Phone Number:
Name of person <b>PICKING UP</b> animal(s):	Phone Number:

***Please Read and Sign Consent/Release on Other Side***

## CONSENT/RELEASE (READ AND SIGN BELOW)

I am the owner/caregiver of the animal(s) listed on the previous page. I authorize Metro Ferals, Inc. to perform the following procedures/services on my animal(s):

Basic Services	Additional Services
<input type="checkbox"/> Spay/Neuter	<input type="checkbox"/> Feline Leukemia Virus/FIV Combo Test
<input type="checkbox"/> Ear Tip	<input type="checkbox"/> Microchip
<input type="checkbox"/> Rabies Vaccine	Provided by: _____
<input type="checkbox"/> Distemper (FVRCP combo)	<b>Injuries/Issues/Questions:</b>
<input type="checkbox"/> Deworm	
<input type="checkbox"/> Flea check (treat if necessary)	
<input type="checkbox"/> Ear mite check (treat if necessary)	

**I also understand and consent that all primarily outdoor cats will be ear tipped.**

Additional treatments may be identified after sedation, including but not limited to bloodwork, wound care, dental extractions, grooming, administration of medications and/or subcutaneous fluids. *Metro Ferals will attempt to contact the Owner/Caregiver/Trapper. However, if the Owner/Caregiver/Trapper cannot be reached, Metro Ferals will perform the necessary procedure(s) at the Owner/Caregiver's expense.*

While I expect these procedures to be performed to the best abilities of the veterinarian, staff, and volunteers, I understand that with any vaccination, medication, anesthesia, or surgical procedure there are risks, including drug and vaccine reactions, bleeding, infection, or anesthesia complications including death of the animal. I expect that reasonable precautions will be used to ensure the animal's safety and well-being while in Metro Ferals Inc.'s care.

I hereby release Metro Ferals, its owners, officers, employees and volunteers (known collectively as Releasees), from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns, or the animal's owner may have against the Releasees, for any injuries known or unknown which may arise as a result of the veterinary procedures performed on my animal(s) while in the care of Metro Ferals. I further acknowledge that Metro Ferals is not responsible for the animal's recovery once released back to the owner/caregiver.

I, the undersigned, have read, understand and agree to this Release.

Owner/Caregiver Signature \_\_\_\_\_ Date: \_\_\_\_\_