



## Caretaker Registration

### OVERVIEW

Spay and Stay's trap-neuter-return program is designed to give caretakers access to low-cost spay/neuter and vaccination services for the feral cats in their colony. The sterilization program authorizes specific medical services.

The cost for services:

- **\$25 per cat** for feral and stray cats that are ear-tipped and returned to their colony
- **\$45 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 spay/neuter program covers the following veterinary services:

1. Spay or neuter
2. 3-year rabies
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.
5. Microchip
6. One treatment for parasites
7. Minor wound and dental care, if needed
8. Humane euthanasia if found to have severe debilitating disease or injury

Supplemental antibiotics:

If your cats(s) need additional antibiotics, you will be given them when you pick up your cat after surgery. You will be charged \$10 for each cat that needs additional antibiotics.

### BORROWING TRAPS

Spay and Stay provides traps for use. You will pick up your trap(s) one week before the scheduled spay day. A \$50 per trap refundable deposit is required.

## Spay and Stay High-Volume Spay/Neuter Program – FORMS

*Please complete forms below and mail or FAX them back to Spay and Stay.*

**Mail forms to:**

Spay and Stay  
P.O. Box 145  
Gravslake, IL 60030

**FAX forms to:**

847-557-9136

## A YOUR INFORMATION

Today's date:	▶	Your Name:	▶
Address:	▶		
City, State, Zip:	▶		
Day phone:	▶	Evening phone:	▶
Email address:	▶		
How were you referred to us?	▶		

## B CARETAKER AGREEMENT AND RELEASE OF LIABILITY

Please read and sign this statement.

Spay and Stay, an Illinois Not-for-Profit corporation located in Lake County, Illinois, 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, \_\_\_\_\_, residing at \_\_\_\_\_, 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 clinic, 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 have a medical condition that would make it inhumane to release the cat back to its colony. Every effort will be made to contact the caretaker before euthanizing a cat, but the time limits associated with a feral spay/neuter clinic are recognized when bringing a cat in for surgery.

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*) \_\_\_\_\_

Caretaker signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C**

**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 front of this form 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 (*please print*) \_\_\_\_\_

Property owner's signature: \_\_\_\_\_

Property's address: \_\_\_\_\_ City: \_\_\_\_\_

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

**D LIST OF CATS IN YOUR COLONY**

Please list all of the cats in your colony. If you have more than 15 cats, attach an additional list to this application.

Your Name \_\_\_\_\_ Town where cats located \_\_\_\_\_

Cat	Cat's Name	Color/ Markings	Gender, if known	Age, if known	Voucher Date ( Spay and Stay Use)	Invoice Date (Spay and Stay Use)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						