

TCCF Community Cat Spay/Neuter Consent Form

Caretaker Name: _____

Colony Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

- I, the undersigned community cat caregiver, wish to have _____ community cats spayed/neutered by a licensed veterinarian associated with the TOPEKA COMMUNITY CAT FIX, INC.
- I understand that the cats will be spayed and neutered, vaccinated against rabies, feline panleukopenia (distemper), feline viral rhinotracheitis, feline calicivirus, given a parasite treatment and a left ear tip (to identify them as “fixed”).
- I further understand that there are risks involved with any medical or surgical procedure,
 - and I accept these risks.
- I agree to care for the cat upon return, providing food, water, and shelter.
- I understand that TCCF is not responsible for future veterinary care.
- I agree to drop off and pick up the community cat(s), if asked, at an agreed-upon time and place designated by a TCCF volunteer.
- I understand there is no charge for these services., although tax-deductible donations are greatly appreciated and allow TCCF to continue its work.

Signature

Date

Witness

Date