 **Helping Paws Of Southern MN**

Number of Cats

(give details on Back)

 **- Helping One Kitty At A Time**

**TNR Liability Waiver & Surgery Consent Form**

**Caregiver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of cats: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Trap-Neuter-Return (TNR) program is the only method proven to be humane and effective at controlling outdoor cat population growth. Using this technique, all the cats in a colony are trapped, vaccinated, spayed/neutered, ear tipped and returned or re-homed after they have recovered from their procedure.

**I agree to the following terms:**

1. Cats will be spayed/neutered.
2. Cats will receive rabies vaccine & PRC vaccinations.
3. Cats will be ear tipped, so they will be easily identified, that they have been cared for.
4. I understand that there is some risk of injury or death in the procedure and the use of anesthetic and drugs.
5. If the cat is pregnant at the time of surgery, I understand that the outcome will be left to the Veterinary’s discretion.
6. I agree that any cat who is medically untreatable or in severe or chronic pain will be humanely euthanized at the Veterinarian’s discretion while the cat is under anesthesia. I understand I will be notified post-euthanasia.
7. I give consent to Helping Paws of Southern MN’s staff and volunteers to perform trappings on my property and will inform neighbors of the program.

I hereby release Helping Paws of Southern MN and Owatonna Veterinary Hospital or any other Veterinary of our choice of any liability arising from the performance of the procedures listed above.

**Caregiver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Helping Paw’s of S. MN Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail:** **helpingpawsofsouthernmn@yahoo.com** **Web:** [**helpingpawsofsmn.com**](http://www.helpingpawsofsmn.com) **Phone: (507) 271-0045**