

CENTRAL PA HUMANE SOCIETY

PRE-OPP INSTRUCTIONS FOR TNR

Applicants- Please tear off and keep this instruction sheet

After submitting your application, you will be contacted about when a TNR Representative will be working in your area. If you will be doing your own trapping then you will be contacted when you are scheduled to do the trapping and given instructions for surgery.

All feral cats must be in traps when brought in for their spay/neuter surgery. All friendly cats must be in either a trap or carrier. **We have the right to turn you away if this is not followed.** It is for the safety of both the cats and the surgery personnel that we require all ferals to be in a trap.

When trying to trap a cat do not put any other food outside of the trap. You must check your traps every 30 minutes. **The set traps can not be left out overnight without supervision.** So do not just set a trap and go to bed. **Again they must be checked every 30 minutes.**

Do not open the trap for any reason. A cat who escapes a trap is seldom caught again.

After the cat is trapped, put it in a quiet area with a sheet over the trap so the cat feels more secure. They will often be scared and bang around the trap. Using a sheet and putting it in a quiet area will help ease their anxiety.

All cats must be brought to the Wellness center at CPHS at 8:30 am on the monday morning they are scheduled for.

If a TNR cat has a medical issue that we have to treat, then that will be an added expense to the client. TNR covers the spay/neuter and rabies ONLY.

Cats are to be released back to the client where they were trapped within 24-48 hours. If there are extenuating circumstances as to why they cannot be released (i.e. below freezing temps, injury, illness) then the client will be notified about when we can release the cats back.

All TNR cats are the property of the clients and must be released back.

Any questions can be emailed to TNR.Centralpahumane@gmail.com



Central PA Humane Society

1837 East Pleasant Valley Boulevard, Altoona, PA, 16602

Phone: (814) 942-5402 Fax: (814) 942-8505

Email: Tnr.centralpahumane@gmail.com

Trap Neuter Release (TNR) Application

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Location of cats needing TNR: _____

Number of Adults: _____ Number of Kittens: _____

Females: _____ Males: _____ Unknown: _____

Do any cats seem to be injured or sick? _____

Do you need a TNR Representative to do the Trapping for you? _____

If you are able to do the trapping yourself, do you need to rent a trap? Yes or No

The cost for renting a trap is a refundable fee of \$30 for 3 days. If the trap comes back damaged in any means then you would be charged a \$15 fee.

TNR is a free program to the public to get stray/feral cats spayed/neutered and their rabies vaccination. The program is financially maintained with donations and grants that we have to apply for. No owned pets can be a part of this program. If you are willing or able to do the trapping then you will be given further instructions when you are scheduled to do the trapping and bring them in for surgery. If you need a CPHS TNR Representative to do the trapping then you will be contacted about when they will be in your area. The Waiver of Responsibility and Liability must be signed before a representative can trap on your property or surgery can be performed. All cats must be returned to your property within 24-48 hours unless there is an Extenuating circumstance as to why the cat cannot be released. All feral cats must be in traps when they come in for surgery. TNR can only be performed when weather is permitting. We cannot guarantee the timeframe for TNR in your area. We will be in touch as soon as we have a representative scheduled in your area.

This is to certify that I had read and understand all the information above:

(Owner Signature)



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WAIVER OF RESPONSIBILITY AND LIABILITY

_____, of _____
(Name) (Address)
_____, at _____, on _____, 20____
(Phone number) (Time) (Date)

I do hereby release the Central PA Humane Society (CPHS) of all claims against the CPHS and its entities affiliated with the foregoing from liability for any and all loss, damage, injuries, claims, demands, lawsuits, expenses and any other liability of any kind that may result from the CPHS representative performing the follow service that is requested below:

TNR (trap neuter release) of _____ stray/feral cats from _____
(number) (Address)

I agree that all cats trapped by CPHS or myself will be released back after spay/neuter to the same location they were trapped in, as required by TNR policy.

I do hereby authorize the Central PA Humane Society to perform a procedure requiring anesthesia on these cat(s). I am aware of the risks involved and released the Central PA Humane Society, the contract veterinarians and their employees from any legal and financial responsibilities arising from anesthetic, surgical, or treatment complications.

(Owners signature) (CPHS Representative Signature)

All TNR cats will be ear tipped and you will be responsible for any extra charges due to illness or injury of the cats being trapped for TNR on your property that will need treatment at the time of surgery. Their are additional services that you can request. Please see the attached form.

Central PA Humane Society

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Altoona PA 16602
Phone-814-942-5402 Fax- 814942-8505

This form is an addition to the Waiver of Responsibility and Liability. This form is to be given to the wellness center the day of surgery. We offer the following additional services for additional fees. Please check anything additional that you would like to purchase.

- | | | |
|--------------------------|-------------------------------------|------|
| <input type="checkbox"/> | Ear Tip (Required for all TNR cats) | \$0 |
| <input type="checkbox"/> | Rabies | \$0 |
| <input type="checkbox"/> | FVRCP 1 Year Vaccine | \$15 |
| <input type="checkbox"/> | FIV/FelV testing | \$30 |
| <input type="checkbox"/> | Flea treat- Revolution | \$5 |
| <input type="checkbox"/> | Worm- Praziquantel injection | \$10 |

Total Fees _____

Name _____

Address _____

Number of TNR cats _____

(Owner's Signature)

Staff only to complete

Number of Females _____

Number of Males _____