

**INSTRUCTIONS ON DROPPING OFF TRAPPED COMMUNITY CATS FOR
STERILIZATION, RABIES & DISTEMPER VACCINE AND EAR TIP:**

Feral cats need to be dropped off between 7:00am - 10:00am on Monday morning at the Humane Society of Tampa Bay Spay/Neuter Clinic located at 3607 N Armenia Ave in Tampa, FL. **ALL CATS MUST BE IN TRAPS - ONE CAT PER TRAP (NO EXCEPTIONS).** Pick-up time is the same day at 3:30pm-5:30pm Monday afternoon. FeLV/FIV testing is available for \$13 per cat. Our HSTB Veterinarian will administer flea control, injectible tapeworm medication, injectible ivermectin and FeLV/FIV if necessary.

To expedite your morning check in, please download, print and complete a copy of our Feral Cat Intake Form (Pg 2 & 3 of this document)

For more information or for traps, please contact our TNR Coordinator, at (813) 625-0910 between the hours of **9:00am - 5:00pm, Sunday - Thursday**, or email cat.spay@humanesocietytampa.org. Feral cat traps are available for loan with a \$65 refundable deposit. **Traps can be picked up Friday and Saturday from 4:00pm- 6pm** at the trap shed behind the Spay/Neuter Clinic. Empty, returned traps can be dropped off **Monday - Friday 9:00am-5:00pm** at the Feral Cat Patio, attached to the back of the Spay/Neuter Clinic. There is a form provided to sign-off on when you return traps. Any traps returned damaged will have a \$20.00 repair fee.

Please see page 2 and 3 below for the Feral Cat Intake Form.



Humane Society of Tampa Bay Trap Neuter Release Program

3607 N. Armenia Avenue
Tampa, FL 33607-1322
(813) 870-3304

| |
|--------------|
| Cat # _____ |
| Trap # _____ |

| | | | |
|----------------------------------------------------------|------------------|------------------------|--|
| Last Name _____ | | First Name _____ | |
| Address _____ | | | |
| City _____ | State _____ | Zip Code _____ | |
| Home Phone _____ | Work Phone _____ | Cell Phone _____ | |
| Animal Name _____ | | Sex _____ (if known) | |
| Breed _____ | | Color/Markings _____ | |
| Registered on Feral Cat Database: | | Age Estimate _____ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Caretaker/Colony _____ | |

| <i>Date</i> | <i>Weigh (if known)</i> | <i>Pick Up Time</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Feral Cat Program Basic Services | Additional Services | Notes |
| <input type="checkbox"/> Male _____ <input type="checkbox"/> Female _____ <input type="checkbox"/> Umbilical Hernia <input type="checkbox"/> Rabies <input type="checkbox"/> Tag <input type="checkbox"/> FVRCP <input type="checkbox"/> Ear Tip (mandatory if cat is 12 weeks or older) <input type="checkbox"/> Tattoo (mandatory if cat is 12 weeks or younger) <input type="checkbox"/> No Ear Tip/Tattoo Approved by: _____ <input type="checkbox"/> Apply Flea control <input type="checkbox"/> Tapeworm injection <input type="checkbox"/> Earmite treatment if found <input type="checkbox"/> Analgesic <input type="checkbox"/> Antibiotic | <input type="checkbox"/> Microchip <input type="checkbox"/> FELV/FIV test Results _____ <input type="checkbox"/> Test declined <input type="checkbox"/> Euthanasia authorized <input type="checkbox"/> If positive FELV or FIV <input type="checkbox"/> If positive for FELV <i>only</i> Sign _____ <input type="checkbox"/> FELV vaccine <input type="checkbox"/> Pain Med Rx: _____ <input type="checkbox"/> Other Rx: _____ | _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |

Client Initial after check-in

Veterinarian _____

Vaccine
Stickers
Here

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PE: <input type="checkbox"/> UR <input type="checkbox"/> Abn _____ |
| Medications: |
| <input type="checkbox"/> Ketamine 100mg/ml _____ <input type="checkbox"/> Dexdomitor 0.5mg/ml _____ <input type="checkbox"/> Midazolam 5mg/ml _____ <input type="checkbox"/> Buprenorphine 0.3mg/ml _____ |
| <input type="checkbox"/> Ketoprofen 100mg/ml _____ <input type="checkbox"/> Ketoprofen diluted to 10mg/ml _____ <input type="checkbox"/> PPG ml _____ <input type="checkbox"/> Ivermectin ml _____ |
| Other: _____ |

Client Name: _____ Pet Name: _____

I, being of legal age and responsible for the animal describe above, as the owner, agent of the owner, or caretaker, have the authority to grant the Humane Society of Tampa Bay, Inc, and its staff members including the Spay/Neuter Clinic and veterinarians, volunteers, Board of Directors or agents (hereinafter "HSTB") my consent and I hereby give such consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above. I have fully disclosed all known pertinent medical history of the animal named above to the best of my ability. To my knowledge the animal is in good health and has not had food or treats since 12:00 midnight unless otherwise instructed by HSTB.

I understand that reasonable precautions will be used against injury, escape, or destruction of the animal. I have read the HSTB's general post-operative surgical instructions handout and had the opportunity to ask questions about these procedures. I agree to follow the HSTB's emergency procedures in the event of an emergency. I understand that HSTB is not responsible for any medical and/or veterinary expenses incurred by myself, the Owner, after the sterilization surgery and/or other treatment provided by HSTB if not authorized by the HSTB. I agree to indemnify and hold harmless the HSTB from any and all claims, damages, and causes of action that may arise from the procedures or operations to be rendered, and from other medical care arising there from.

I have been advised as to the nature of the procedure or operation and the risks involved, including death. I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. I understand that feral cats will have one ear tipped/notched.

I have read and understand the risks and complications fact sheet. I understand that during the performance of the foregoing procedure or operation that unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or operation or different procedures or operations than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are recommended and desirable in the exercise of the veterinarian's professional judgment. I also acknowledge that complications may develop during surgery or post-surgically and that I assume responsibility for all post-operative care and veterinary expenses incurred as a result of such surgery.

I understand that all animals must be picked up from the clinic on the same day as surgery. I agree to pick up my pet at the time specified and I understand that if I fail to do so, I will be responsible for late discharge fees and/or overnight boarding fees. If I, or my specified agent, does not claim the animal, I understand that after 24 hours that animal will be considered abandoned and the animal will be disposed of in accordance with policies established by HSTB. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

The undersigned has read all of the terms of this consent form and understands, accepts and agrees to be bound by the above conditions.

Owner or Agent Signature

Date