

Description of Cat

[Empty box for Description of Cat]

Carrier Number/Description

[Empty box for Carrier Number/Description]



**Cat Action Team
Consent & Registration Form**
Abegweit Animal Hospital
(one form per cat)

Pegasus Funded?
(Check if yes)

Caregiver's Name _____ Phone # _____

Address _____ Colony/Location trapped _____

I certify that this animal is not an owned pet. I understand that the mandate of the Cat Action Team is to provide medical care and neutering to feral and stray cats as part of a Trap-Neuter-Release (TNR) program in order to control and stabilize their populations. I am aware that the Cat Action Team does not provide veterinary care to owned pet cats. As the caregiver of this cat, I give the Cat Action Team and Abegweit Animal Hospital full authorization to admit this animal for purposes of diagnosis, treatment, neutering and any other procedures deemed necessary. I understand and accept that cats that test positive for FeLV and FIV will be euthanized. Furthermore, if a cat is determined by the veterinarian to have a severe or life-threatening condition, the cat may be humanely euthanized. I hereby release the Cat Action Team and Abegweit Animal Hospital of any liability arising from the performance of the procedures listed above.

Caregiver's Signature _____ Date _____

-----*Clinic use only*-----

Tattoo # _____ Sex ____ Description _____

FeLV status _____ FIV status _____

PE findings _____

Surgery performed _____

Parasite treatment performed _____

Other treatments _____

Vaccine label
/ lot #s ⇨

Veterinarian's signature _____ Date _____