

Description of cat

Carrier Number/Description



**Cat Action Team**  
**Consent & Registration Form**  
 West Prince Veterinary Clinic  
 (One form per cat)

Caregiver's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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 West Prince Veterinary Clinic 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. Further, if the cat is diagnosed to have a severe, life-threatening condition, the veterinarian may determine to humanely euthanize. I hereby release the Cat Action Team and West Prince Veterinary Clinic of any liability arising from the performance of the procedures listed above.

Caregiver's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Tattoo # \_\_\_\_\_ Sex \_\_\_\_\_ Description \_\_\_\_\_

FeLVstatus \_\_\_\_\_ FIVstatus \_\_\_\_\_

PE findings \_\_\_\_\_

Surgery performed \_\_\_\_\_

Parasite treatment performed \_\_\_\_\_

Other treatments \_\_\_\_\_

vaccine label  
/ lot #s ⇒

Veterinarian's signature \_\_\_\_\_ Date \_\_\_\_\_