Description of cat	**Carrier Number/Description**

Cat Action Team
Consent & Registration Form
Kensington Veterinary Clinic
(**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 Kensington 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. 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 Kensington 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 _____

Form revised: April 2004