

TNVR (Trap, Neuter, Vaccinate, Release) Consent and Release Form - Multiple Animals

Animal Information:

Approximate Number of Cats: _____

Sex (if known): _____

Approximate Age (if known): _____

Date of Trap: _____

Trap Address: _____

Anesthesia Consent:

I understand that the procedure for this TNVR program involves the administration of anesthesia, which carries certain risks. These risks may include, but are not limited to, allergic reactions, breathing difficulties, heart complications, and, in rare cases, death. I acknowledge that while every precaution will be taken to minimize these risks, there is no guarantee of a successful outcome.

Please initial here to consent to anesthesia: _____

Ear Tipping:

As part of the TNVR process, I understand that the distal 1/4-1/3 of the cats' left ears will be surgically removed ('ear tipping') to signify that they have been sterilized and vaccinated. This is standard protocol for TNVR programs to allow identification from a distance.

Please initial here to consent to ear tipping: _____

Vaccinations and Deworming:

The following vaccines and treatments are routinely administered during the TNVR process:

- Rabies Vaccine
- Feline Distemper (FVRCP) Vaccine
- Tapeworm-specific Deworming Injection (common in TNVR programs)

- Option: Profender topical treatment for tapeworms, hookworms, and roundworms (if applicable)

I understand that administering oral dewormers like pyrantel pamoate (Strongid, Nemex) carries risks for feral cats, especially when only partially sedated, and is not typically recommended for immediate administration.

Please initial here to consent to vaccinations and deworming: _____

Ownership Status:

I attest, to the best of my knowledge, that the cats being submitted for TNVR are feral or stray and do not have known owners. I understand that it is my responsibility to ensure the cats are not someone's pets before submitting them for this program.

Please initial here to confirm ownership status: _____

Release of Liability:

I hereby release and hold harmless [Organization Name], its employees, volunteers, and partners, from any and all liability that may arise from the participation in the TNVR program, including any risks related to anesthesia, surgery, or any post-operative complications.

By signing below, I acknowledge that I have read, understood, and agreed to all the terms listed above.

Signature of Participant: _____

Printed Name: _____

Date: _____