

TNR Request Form

Today's date/time_____

Request by: Community member____ caretaker____ RASM____ Other Rescue____

Name_____

Address_____

Phone_____ E-mail_____

Colony Street Address_____

City_____

Zip code cats are coming from_____

If you need TNR assistance please complete entire form and a volunteer will contact you.

Property type: Residential____ or Commercial____

If commercial, company name and contact number if different than you:

Estimated total number of cats in colony_____

Estimated number of kittens under three months_____

Do any cats look injured?_____

Do any cats look sick?_____

Do you feed the cats?_____

Are you willing to continue to feed them once altered? Yes____ No____

Are you willing to assist with trapping if trained?_____

Have you trapped before?_____

Is there any additional information about the situation/unique circumstances?

TERMS & CONDITIONS

Community cats that are brought to any RASM sponsored TNR clinic, or to any recommended and participating veterinary hospital fall under these conditions:

1. These programs are TNR focused programs and are for community cats, not indoor pet cats.
2. All cats must show up in a humane trap covered by a towel big enough to cover entire trap and with newspaper completely lining the bottom of the trap to protect their paws and claws.
3. If you suspect the cat may be pregnant please discuss this with our TNR coordinator when you receive your appointment call. Pregnancies will be terminated at the time of spay.
4. All cats will be ear tipped, no exceptions.
5. If your cat requires more medical attention or is very sick the Veterinary hospital will make every attempt to contact you first. If you cannot be reached any medical decision, to include humane euthanasia falls to the Veterinarian and the Rescue Angels of Southern Maryland.

Please be available for phone calls while your cat(s) are at the clinic.

Please sign below. Signing this form indicates your agreement to all listed terms and conditions, including no liability to RASM. Thank you for your request. A RASM TNR facilitator will be in touch with you within 48 hours.

Signature

Date