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