



# Trap Neuter Return Liability Release

NAME (print): \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Apt # \_\_\_\_\_

City: Midland County: Midland State: Texas Zip: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

I will utilize:  City of Midland's \$70 Spay/Neuter Voucher Program  Midland County's \$70 Spay/Neuter Voucher Program  
 Midland Humane Coalition's TNR Grant Money Fund (\$30)

VET CLINIC NAME: \_\_\_\_\_ TNR Appt Date: \_\_\_\_\_

Check here if you do not want to be added to our mailing list.

TRAP #s: \_\_\_\_\_ TRAP DEPOT: \_\_\_\_\_

Traps loaned out on DATE: \_\_\_\_\_ Returned on DATE: \_\_\_\_\_

## Trap Loan & Trapper Agreement

By my signature below, and my receipt of \_\_\_\_\_ (#) humane traps, I acknowledge the following:

1. **Thank you** for helping our community's cats. The daily rental fee for this trap(s) will be waived if the trap is returned to Midland Humane Coalition by \_\_\_\_\_. (2 weeks from pick-up)
2. **I agree to pay a late fee** of \$10 per trap if the trap(s) is(are) returned past the above date, without prior authorization.
3. **I agree to return the traps clean** and ready for use by the next trapper. I will **pay a cleaning fee** of \$10 per trap if the trap(s) is(are) returned soiled.
4. **The value of each trap is \$70**, and I will be responsible for said sum plus any collection costs and attorney's fees incurred securing its return or replacement.
5. **I agree to pay for all veterinary bills**, Midland Humane Coalition is not responsible for paying veterinary bills.
6. **Midland Humane Coalition provides resources for citizens to spay/neuter free-roaming/unowned cats only**, and I certify that to the best of my knowledge the cats I am trapping are unowned.
7. **I release** Midland Humane Coalition, its staff, volunteers and facilities from any liability incurred while transporting or caring for these cats.
8. **I have received a copy of Midland Humane Coalition's TNR Process and Policies and Neighborhood Cats TNR Handbook** and will conduct TNR activities according to these guidelines.
9. **In addition to sterilization**, these cats will have their left **ears tipped** to identify them as sterile and will be **vaccinated for rabies**. Routine preventive health care (vaccines, parasite control) and treatment for extraneous conditions will be performed according to the veterinarian's recommendation and the available resources.
10. **Feral cats face risks during handling, anesthesia, and surgery**, and I hold Midland Humane Coalition, its staff, volunteers, and facilities harmless should a cat experience complications, injury, escape, or death.
11. **Any cat deemed by the veterinarian to be severely ill or injured will be humanely euthanized.**
12. **I agree to relinquish these cats for adoption if homes become available.**
13. **I agree to protect the welfare of the cats** at all times while using this trap, including monitoring for threats, protection from weather, keeping the trapped cat covered with a blanket/ towel to reduce stress, and transportation in a covered, climate-controlled vehicle.
14. **I agree to deliver the cats to the clinic and will return to pick them up at the specified time.** Any cats not picked up will be considered abandoned and relinquished to Midland Humane Coalition; a report of illegal animal abandonment will be filed.
15. **I agree that I will not use the trap for any unlawful act** or for the capturing of a cat to cause it harm or to result in euthanasia or shelter impoundment of a healthy cat.



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16. **I promise these cats will be safely sheltered after surgery** and that I will follow recovery instructions provided by the cat's veterinarian at the time of discharge.
17. **Choose one, Return or Surrender to Working Cats**
  - RETURN**  
**I will return all cats to the location from which they were taken**, following the guidelines established by Midland Humane Coalition, and agree that no cat will be surrendered to a shelter or relocated once presented to Midland Humane Coalition for sterilization.
  - SURRENDER TO WORKING CATS** *(must be pre-approved prior to trap rental)*  
**I am surrendering these cats to Midland Humane Coalition for adoption and will not be returning the cats to the location from which they were taken.**
18. **I agree to not touch traps containing wildlife** and will call 432-558-8255 if wildlife is trapped.
19. I agree to release the use of mine and the cat(s)' likeness to Midland Humane Coalition for promotional or educational use in photos or video.
20. **My signature below indicates that I received a copy of this form.**

## Volunteer Release

I, \_\_\_\_\_ hereby release and forever discharge Midland Humane Coalition, PetSmart, Inc., and PetSmart Charities, Inc and all its members of the organization from all claim demands, damage, actions or causes of action arising from my work while acting as an employee/volunteer of Midland Humane Coalition. I further release Midland Humane Coalition, PetSmart, Inc., and PetSmart Charities, Inc and its servants from all claims or demands whatsoever in law or in equity.

This waiver is to remain in force indefinitely from the date of signing.

TRAPPER NAME: \_\_\_\_\_

TRAPPER SIGNATURE: \_\_\_\_\_

MHC SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_