



TRAP, NEUTER & RETURN

CAREGIVER REGISTRATION FORM

About the Trap, Neuter & Return Program:

In order to help control the overpopulation of feral and stray cats in our community, the HBSPCA runs a trap, neuter and return program. Through the program and with the help of volunteer caregivers, community cats are trapped, spayed or neutered, vaccinated, micro-chipped and ear-tipped (the universal symbol for a vaccinated, neutered cat) and returned to the location where they were trapped.

Terms and Conditions of the HBSPCA Trap, Neuter & Return Program

Please read the Terms and Conditions carefully before applying to the program.

- Acceptance into the HBSPCA's Trap, Neuter and Return program is at the sole discretion of the HBSPCA
- Must be a colony of **five** cats or more
- Cats in the program are **un-owned** or **stray** and **living outside**
- Caregivers will use this program solely to benefit community cats, not "owned" animals or animals they intend to adopt out to the public
- Cats will be trapped only for the purpose of spay/neuter or other necessary medical treatments
- Following surgery, the cats will be released at the location where they were trapped, unless deemed medically inappropriate
- Cats in the program must be under the regular care of the applying individual. Regular care entails:
 - Caregivers must ensure adequate shelter is available for the cats
 - Food and fresh water are provided by the caregiver to the cats on a daily schedule and the feeding area is kept clean
 - Food dishes will be removed within 30 minutes feeding and never left overnight to ensure wildlife (i.e. skunks) are not encouraged to enter the location and thus putting the animals at risk
 - Caregivers will actively protect the cats from harm. Under no circumstance will any cat be removed from to colony permanently or given to someone who may cause harm, injury, or death to the animal
 - An alternate caregiver must be found for times of the applying caregiver's absence
- All appropriate medical treatments will be determined by a licensed veterinarian
- If found to have severe debilitating disease or injury and upon recommendation from a veterinarian, any cat may be humanely euthanized
- Caregivers consent to twice yearly/periodic spot checks by HBSPCA/City of Hamilton staff to ensure that all guidelines are being followed
- All cats must be received in a Humane Live trap (traps available for loan with a \$20 deposit from HBSPCA). **No cat in a cat carrier will be accepted for the safety of the caregiver and staff.**

Failure to comply with the TNR program terms and conditions will result in the individual's removal from the program. Please keep these terms and conditions for your records.



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Please complete and submit this form in order to participate in the Hamilton/Burlington SPCA's Trap, Neuter & Return program. **Please Print Clearly.**

| | | | |
|--|--|--|--------------|
| Primary Caregiver Name: | | Date: | |
| Address: | | City: | Postal Code: |
| Home phone: | | Other phone: | |
| Email address: | | Number of cats currently at location (must be 5+ , please refer to our Community Assistance Program if you have less than 5 cats): | |
| Affiliated Caregiver Name (if applicable): | | Relationship to Primary Caregiver (<i>e.g. Neighbor</i>) | |
| Specific location of the cats (<i>Please provide address and description, i.e. the woods behind my house</i>): | | | |
| Number of cats already spayed/neutered: | | Number of cats still requiring spay/neuter: | |
| Please provide description of cats belonging to the colony (<i>i.e. 3 males – 1 year old – unneutered, 1 female – 2 years old – spayed, 1 female – 1 year old – unspayed, 5 kittens – 5 months old – unspayed</i>): | | | |



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In signing this form, I certify that these cats, which are under my care, are “un-owned” or stray and living outside. The information contained in this application is true to the best of my knowledge. I absolve the HBSPCA TNR program, its authorized agents, any associated animal health facility, and volunteers thereof, of all liability based on my participation in these activities, and release them of any claims past, present or future liability. I have read and understand the HBSPCA TNR program terms and conditions (located on page 1 of this document). I understand that violation of any of the HBSPCA TNR program terms and conditions cancels any support from the HBSPCA TNR program to me, as an individual.

Program Fee of \$45 for each cat includes: Spay/Neuter, Rabies, Revolution, Eclipse 3, Left Ear tipped and micro-chipped (registered to the colony caregiver)

Signature of Applicant

Date

| OFFICE USE ONLY | | |
|--|-------------------------|------------------------------|
| <input type="checkbox"/> Review of TNR program checklist | _____ Date | _____ Applicant Signature |
| | _____ Staff Initials | |

Please return completed forms by:

- A. Mail:** Hamilton/Burlington SPCA
245 Dartnall Road
Hamilton, ON
L8W 3V9
- B. Fax:** 905-574-9087
- C. Email:** mmacnab@hbspca.com
- D. Drop off at:** Hamilton/Burlington SPCA
245 Dartnall Road
Hamilton, ON
L8W 3V9