



**Georgian Triangle Humane Society**

**549 Tenth Line, Collingwood ON**

**Ph: 705-445-5204 | Em: [info@gths.ca](mailto:info@gths.ca) | Web: [www.gths.ca](http://www.gths.ca)**

## **Community Cats Assistance Application Form**

**Please read the Terms and Conditions carefully before applying for the program**

- Acceptance into the GTHS Community Cats program is at the sole discretion of the GTHS
- Cats in the program are un-owned, feral and living outside.
- Applicants will use this program solely to benefit feral and stray cats, not “owned” animals or animals they intend to adopt out to the public.
- If cats are social enough to be candidates for adoption, they can be scheduled for surrender to GTHS
- Cats will be trapped only for the purpose of being spayed/neutered and returned to their outdoor home.
- The cats will be “eartipped” on the left ear.
- Following surgery, the cats will be released at the location where they were trapped, unless deemed medically inappropriate.
- If found to have severe debilitating disease or injury and upon recommendation from a veterinarian, any cat may be humanely euthanized.
- All cats must be received in a Humane Live trap/transfer cage (traps available for loan by GTHS.)  
No cat in a cat carrier will be accepted for the safety of the caregiver and staff.

**Please submit this form to GTHS Hospital Administrator ([hospital@gths.ca](mailto:hospital@gths.ca)) to be given an appointment date.**

Cats are to be dropped off at the GTHS Animal Hospital (549 Tenth Line) at **8am** on the day of their appointment and must be picked up by 3.30pm.

### **PROPERTY OWNER/RESIDENT DETAILS**

Municipality: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_



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## CATS DETAILS

Approximate number of cats in colony: \_\_\_\_\_

Origin of cats: \_\_\_\_\_

Are any of the cats candidates for adoption? ☐ Yes ☐ No

Approximate number of cats to be spayed/neutered: \_\_\_\_\_

Do you require assistance trapping the cats? ☐ Yes ☐ No

If yes, who will be helping? (eg: volunteer trapping group/friend/neighbor) \_\_\_\_\_

Please provide name and phone number: \_\_\_\_\_

## PROGRAM CONSENT AND WAIVER

In signing this form, I certify that:

- The cats, which are under my care, are “un-owned”, feral and living outside.
- I have made reasonable efforts to establish ownership of the cats.
- The information contained in this application is true to the best of my knowledge.
- I absolve the GTHS, 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 certify that I am the owner of the property where the cats reside, or I have permission from the landowner to participate in this program.
- I authorize the veterinarians at the Georgian Triangle Humane Society Animal Hospital to spay/neuter, vaccinate against rabies and ear tip the above named cat(s).
- I have read, understand and agree to comply with the GTHS Hospital Post-Operative Information and Instructions for Community Cats and have had the opportunity to ask questions concerning anything that I do not understand.
- I will inform the GTHS if an above named cat bites anyone in the 10 days preceding their surgery appointment.
- I understand and accept that there are risks inherent to anesthesia and S/N surgery for the Cat(s), particularly if the Cat(s) is/are pregnant, in heat, injured, sick, and/or have no medical history available. I understand that the Cat(s) do not undergo a pre-anesthetic evaluation by a veterinarian and understand that these risks could complicate the Cat(s)' recovery and/or survival from anesthesia and/or S/N surgery.



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- I understand and agree that a GTHS veterinarian, in his/her discretion, may euthanize any of the Cat(s) without contacting me if the Cat(s) experiences serious adverse reaction to anesthesia and/or complications during S/N surgery or is deemed by the GTHS veterinarian to be seriously ill, injured or unlikely to humanely survive if released to a free-roaming lifestyle following S/N surgery.
- I have read and understand this consent and waiver.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### STAFF ONLY

GTHS Hospital Post-Operative Information and Instructions for Community Cats given to applicant?

☐ Yes ☐ No

Traps borrowed? ☐ Yes ☐ No

Appointment Date: \_\_\_\_\_