

Date: _____ Approved by: _____
DL Scan

-----All areas in red are for office use only-----

Humane Society of Nacogdoches County



Feral Cat Sterilization Program - Information

Please fill in all applicable areas below, and sign and date on second page.

Email: _____

Name: _____ Physical Address: _____

Home Phone: _____ City: _____

Other Phone: _____ State: _____ Zip: _____

Feral Cats: HSNC will only issue five TNR vouchers per person per month.

Name: _____ Breed: _____ Color: _____ Age: _____ M F PPA# _____

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May be used at one of the following:

**Appleby Sand Vet Clinic EasTex Vet Clinic North St. Vet Clinic
Southside Animal Clinic Sterling Vet Clinic Ward Animal Hospital**

Services Include: * 1 year Rabies Vaccination * Left Ear Tip (required) * Spay or Neuter

Exclusions: Blood work, fecal testing, heartworm testing and preventative, costs for unforeseen complications, costs for other procedures such as nail clipping, microchipping, flea medicine or any other medications or treatments other than the items noted above.

Humane Society of Nacogdoches County

Feral Cat Sterilization Program - Contract



By signing below, I understand that each cat I trap and sterilize through this program:

- a. Shall be a feral cat that is **NOT** a pet of mine or of anyone else, to the best of my knowledge,
- b. Shall be returned and released to the same location where it was trapped,
- c. If found to be pregnant, will be spayed and the pregnancy humanely terminated unless the veterinarian does not consider the surgery reasonable,
- d. Shall be ear-tipped for identification purposes, no exceptions,
- e. Shall receive a rabies vaccination.

I, under penalty of perjury, certify all information I have provided to the Humane Society of Nacogdoches County is current, accurate and complete.

I further understand that providing false representation herein constitutes an act of fraud and is subject to penalty.

False, misleading, or incomplete information may result in the termination of the contract and the undersigned will be liable for all monies owed for services rendered.

(Typing your name below indicates acceptance of the above contract)

Date: _____

Signature: _____