



10425 Daysville Rd. Walkersville, MD 21793

Tip Me Trap/Neuter/Return/Management Program Application

As a participant of the program, I understand and agree to the following:

1. On a long-term basis, I agree to provide adequate food, water, shelter, and medical aid for the cats.
2. I understand that the cats will be spayed/neutered and given rabies & distemper vaccinations. The cats will be ear-tipped (tip of left ear removed) as a universal sign that they have been spayed/neutered.
3. As with any veterinary treatment and/or surgery, there are associated risks. As a participant, I agree that I will not hold **Tip Me or the vet clinic** liable for any outcome resulting from such risks.
4. I understand that the traps to be used are the property of **Tip Me** and are to be used only for the cats on my site and are NOT to be used to take cats to any animal shelter or a veterinarian to be euthanized. There is a \$50 deposit for the use of the trap(s), which will be refunded upon return. If the trap(s) are lost or damaged, I will be accountable for replacement cost of \$90 per trap.
5. I will work with **Tip Me** to attempt to trap the cats within a reasonable period of time. I will keep **Tip Me** informed of progress weekly.
6. **Tip Me** works with veterinarians and clinics to obtain substantially discounted rates for sterilization and vaccinations. I understand additional discounted services may be required at the time of the appointment. Additional services may include flea/worm treatments, antibiotics, etc, as determined by the veterinarian.
7. I understand that **Tip Me** does not test for FIV and FeLV.

Tip Me pays a minimum of \$125 per cat and asks for any donation towards that cost as I'm able.

Participant Signature:

Date:

Participant Name (printed): _____

Phone: Day # _____ Cell# _____

Email: _____

Address: _____

Property where cats reside: _____

Number of cats to be altered: _____

Consent for TNRM on Property if not Owned by Above

I, _____ (property owner), do hereby give my permission to _____ (tenant or other resident dwelling on or near property) to participate in the Trap/Neuter/Return/Manage effort through **Tip Me Frederick**.

I understand that the cats will be altered and vaccinated for rabies and distemper and returned to my property to be cared for by _____ (tenant or caregiver).

I understand that rabies vaccines will need to be updated and will adhere to the recommendations by **Tip Me** for renewal.

Signature: _____ **Date:** _____