

# Feral Feline Project

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## **THE FERAL PACKAGE INCLUDES: PACKAGE COST: \$75 PER CAT**

1. Spay or neuter surgery
2. 24 hour microchip
3. 1-year rabies vaccination
4. One treatment for fleas and ticks
5. Ear tipping of the left ear for feral cats that are unadoptable or are going to be returned to the colony.
6. Cats or kittens that will be adopted will not receive the ear tipping.
7. Non-debilitating medical care/antibiotics will be provided if the cat is ill. An extra charge may be required.
8. Humane euthanasia if found to have severe debilitating disease or injury.

## **WHY IS THE EARTIP SO IMPORTANT?**

The left eartip is an international sign of an altered and vaccinated cat belonging to a colony. If the cat becomes lost, shelters, animal control officers and veterinarians will be able to trace it back to Feral Feline Project. Each microchip number is entered into our database with the caretaker's name. That way incase the cat gets picked up, we can track it and return it to its proper location. The ear tipping is painless and done when the cat is under anesthesia.



The Manage Care of Feral Cats Ordinance also requires the ear tip. The ordinance states that *ear tipping the left ear of a colony cat that has been vaccinated and spayed or neutered so that colony cats can be readily identified.* Picture compliments of Alley Cat Allies.

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## YOUR INFORMATION

Name:	Date:
	Email: <b>REQUIRED</b>
Address:	Home phone:
	Work phone:
City, state & zip:	Cell phone:

Your email is required for important alerts, colony notices and updates. If you don't provide us with an email you will not be notified via regular mail.

## CAT COLONY INFORMATION

Note: Please fill out the location where you feed your cat colony. If the location is not on your property, you must have owner fill out a Property Owners Permission form. Please contact us for the application and further instructions.

Feeding location:     Home     Work     Other (please list)

Location of where cats are living/sleeping.     Under shed/deck     In garage  
 Window well

Address of feeding location (if different from above):

How did you hear about us?

## LIST ALL CATS IN THE COLONY

Your Name \_\_\_\_\_

<b>Cat</b>	<b>Cat's name</b>	<b>Gender</b>	<b>Age</b>	<b>Spay/neuter date</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				
<b>15</b>				

## CARETAKERS AGREEMENT

Please read in its entirety:

- ✓ I own the property identified on the caretaker application. If I do not own the property, I have acquired the owners/managers permission by having them fill out and sign the property owner's permission application.
- ✓ I did not obtain or purchase any of the above listed cats from the shelter or another individual/agency. The above listed cats are un-owned and free-roaming cats that are living outdoors that I have been caring for on a daily basis.
- ✓ I assume all long-term care & responsibility for the cat colony listed above. At all times I will feed, water and provide care and shelter for the cats listed above. This includes holidays, weekends and vacations. During these times if I am unable to feed or care for my colony cats, I will make arrangements to have them cared for during my absence.
- ✓ I will make every attempt to provide a successor caretaker that will fulfill all my responsibilities in the event I am unable to care for the cat colony or I move away.
- ✓ I will make every attempt to remove kittens when they are weaned from the mothers or before the age of 8 weeks to socialize them and make arrangements to place them in adoptive homes.
- ✓ I will make every attempt to remove adult cats that become socialized from my cat colony and see to it that they are placed in caring and responsible adoptive homes.
- ✓ When Feral Feline Project emails the semi-annual report regarding the colony, I will complete it and return it to them so they can update their records in the event a cat is adopted or is missing. The semi-annual report is required per the Managed Care of Feral Cat Ordinance.
- ✓ I have read the Managed Care of Feral Cat Ordinance and understand the ordinance. Available on website.
- ✓ I will remove sick or injured cats from the colony for veterinarian care or humane euthanasia, if deemed necessary.
- ✓ I will notify Feral Feline Project if a new cat joins the colony.
- ✓ I will use this program solely to benefit and spay/neuter the cats listed above and not to commit any unlawful acts.
- ✓ I will indemnify and hold harmless Feral Feline Project, its Founders, Board of Directors, Staff and Volunteers from any liability based on my participation in this program, and release them from any claims of past, present, or future liability.

The information contained in this application is true to the best of my knowledge.

**Caretaker name (please print)** \_\_\_\_\_

**Caretaker signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CARETAKERS AGREEMENT AND RELEASE OF LIABILITY

**Please read and sign this statement.**

I, \_\_\_\_\_, residing at \_\_\_\_\_, am the registered caretaker of the cats being brought in for spay/neuter surgery. I agree to waive and release Feral Feline Project, and any participating veterinary hospital or clinic, its employees, agents, and others from any claims of any liability that may arise from the procedure on any cat(s) brought in.

I am aware that feral cats face risks during handling, anesthesia, surgery, and post-operative recovery. Feral Feline Project, its volunteers and the participating veterinary facilities will not be held responsible should a cat experience complications, injury, escape, or death.

The attending veterinarian will humanely euthanize any cat found to be severely ill or injured or have a medical condition that would make it inhumane to release the cat back to its colony. Every effort will be made to contact the caretaker before euthanizing a cat, but the time limits associated with a feral spay/neuter clinic are recognized when bringing a cat in for surgery.

This discharge and release of liability is absolute and complete and covers any liability which may otherwise arise due to complications or errors by any medical personnel or others involved in the procedure.

**I have carefully read this release and fully understand it. I am aware that this is a release of liability and a contract between the undersigned, Feral Feline Project, and its associated veterinary providers.**

**Caretaker name (please print)** \_\_\_\_\_

**Caretaker signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## KEEP THIS PAGE

Feral Feline Project must make you a clinic appointment. Our participating vet will turn away any unscheduled visits. **DO NOT** trap the cats first and then call Feral Feline Project for an appointment.

### BORROWING TRAPS

1. **It is the responsibility of the client to pick up and return traps.**
2. The cat must remain in trap after it has been trapped. **DO NOT put the cat in your carrier.**
3. The cat must remain in the trap during transportation to and from the veterinarian clinic.
4. **There is a \$55 deposit when traps are borrowed. Please make checks out to Feral Feline Project. When the trap is returned, undamaged & clean, the check will be voided.**

### TRAPPING THE CATS

1. Do not give the cats food the day you trap. They must be very hungry to be enticed into the trap. **DO** give them water.
2. Prepare trap away from feeding area.
2. Fold newspaper lengthwise and cover bottom of trap. (Tape newspaper to trap if windy.)
4. Insert food all the way in the back of cage, drizzle juice to front of cage.
5. Set trap
6. Carefully and quietly place trap where cats are fed.
7. Monitor trap from window inside the house, if possible.

### ONCE THE CATS ARE TRAPPED

1. Plan on catching your cats the day before the surgery.
2. Once trapped, cover the cage with a large towel. *This will calm the cat.*
3. Make sure you **keep the cats in their traps.**
4. Give the trapped cats **food and water until 8:00 p.m.** the night before the surgery. Remove all food after 8:00 p.m.
5. Keep them in a **climate-controlled location.**

#### **Drop off:**

Monday, Tuesday and Thursday between 8:00 a.m. – 10:30 a.m.

Wednesday and Friday between 9:00 a.m. – 10:30 a.m.

#### **Pick up: SAME DAY AS DROP OFF**

Monday through Friday 5:00 p.m. - 5:30 p.m.

**No Saturday or Sunday clinics.**

*Please be respectful of drop off and pick up times.*

## **KEEP THIS PAGE**

### **RETURNING THE TRAPS**

1. Please call Feral Feline Project to make arrangements for returning the traps.
2. Do not drop the traps off at our vet.
3. **Make sure the traps have been cleaned of all soil and food. THERE WILL BE A \$25 CHARGE PER TRAP FOR ANY TRAPS RETURNED THAT WE HAVE TO CLEAN!!!**

### **RECOVERY AFTER SURGERY**

- 1) Keep the cats in their traps for their recovery.
- 2) Keep the cats in a safe, climate-controlled location.
- 3) Keep the traps covered with the towels so the cats remain quiet.
- 4) As soon as you get the cats home from surgery, place a small container of water into the trap through the back door.
- 5) Make sure the traps are sitting on clean newspaper.
- 6) On the night of surgery, if the cats are completely awake and alert, you can give them about 1-2 tablespoons of canned cat food in a small container. Use the back door for safety.
- 7) On the day after surgery, you can feed the cats normally, again, through the back door.
- 8) **MALE cats can be released to their home colony 24 hours after surgery.**
- 9) **FEMALE cats can be released to their home colony 48 hours after surgery.**
- 10) **DURING RECOVERY PHASE, IF THERE IS AN EMERGENCY, PLEASE TAKE THE CAT BACK TO THE SELECTED VETERNARIAN CLINIC. CALL FERAL FELINE PROJECT IMMEDIATELY.**

# Feral Feline Project

## AGREEMENT TO BORROW RESCUE EQUIPMENT BRING THIS DOCUMENT WHEN TRAPS ARE BORROWED

This agreement is entered into between \_\_\_\_\_ residing at \_\_\_\_\_ (“you”) and Feral Feline Project (“Charity”), a non-profit organization with an address at P.O. Box 1, IL 60090. In consideration of the mutual promises in this Agreement, and other good and valuable consideration, Charity and you agree, intending to be legally bound by this Agreement, as follows:

1. **The Equipment.** Charity owns the following items (the “Equipment”). The Cost to Replace the Equipment and the Security Deposit for the Equipment are as follows:

Qty	Type	Size/Color	ID/No(s).	Cost to Replace	Deposit
	Tru-Catch Trap(s)	30 LTD		\$ 55/each	\$55 per trap
	Cage(s)				\$
	Carrier(s)				\$
	Other Item(s)				\$
Total Deposit					\$

2. **DUE DATE FOR EQUIPMENT.** The equipment listed above is due back to Feral Feline Project no later than 2 weeks past issuance date. Failure to return the equipment by this date will result in FINES as described in Paragraph 3 below. If you are unable to return the equipment by this date, you must call Feral Feline Project at (847) 800-0095 before your due date to avoid the fines specified in Paragraph 3 below. If demand is high, you may have to return your trap before the 2 week date.
3. **FINES FOR LATE RETURN.** In order for Feral Feline Project to provide assistance to as many people as possible, it is *imperative* that all equipment be returned by the due date specified in Paragraph 2 above. Failure to do so will result in the following fines, imposed beginning the day following the due date and charged **per day** for each day until the equipment is returned or retrieved by Feral Feline Project:
  - \$1 per day for each trap listed in Paragraph 1 above.
  - \$5 per day for each cage listed in Paragraph 1 above.
  - \$1 per day for each carrier listed in Paragraph 1 above.

- \$5 per phone call made by Feral Feline Project to remind you to return equipment.
  - \$20 retrieval fee if Feral Feline Project must retrieve the equipment from you.
4. **Equipment Loan.** We are providing the Equipment to you until the due date shown in Paragraph 2 above. You agree to promptly return the Equipment and deliver it to the Feral Feline Project whenever we request it, or on your due date, whichever is sooner. You may not give or transfer the Equipment to anyone other than to us and temporarily to the veterinarian treating the animal. **The Equipment may only be used for cats being put through Feral Feline Project program.**
  
  5. **Safekeeping.** You will keep the equipment in a safe place and use reasonable care in operating and safeguarding it. You will not be financially responsible for ordinary wear and tear on the Equipment, nor for the cost of repairs and maintenance due to ordinary wear and tear. Damage or deterioration from prolonged exposure to rain or snow is **not** ordinary wear and tear. If you lose the Equipment, refuse to return it, it is stolen, or it is damaged beyond ordinary wear and tear as a result of your negligence or misconduct, you will promptly pay us the Cost to Replace the Equipment.
  
  6. **Security Deposit.** At the time you borrow the Equipment, you will pay the Security Deposit for the Equipment as specified in Paragraph 1 above. The deposit will be refunded when you return the Equipment in accordance with Paragraph 2 above. Any late fines due by you will be deducted from your deposit amount. Return of equipment by your due date will ensure a complete refund of your deposit amount.
  
  7. **No Unattended Traps and Cages.** You will not leave humane traps or cages unattended outdoors, in order to protect the animals and the Equipment. You will never leave traps set overnight.
  
  8. **No Liability.** We are not liable for any bodily injury, property damage, injury to any animals, injury caused by any animals, or any other losses or damages whatsoever, in connection with the use of the Equipment.
  
  9. **Entire Agreement; Modification; Binding Effect.** This Agreement is the entire agreement between you and us, and supersedes any prior understandings between you and us with respect to the subject matter. No modification of this Agreement will be valid unless in writing duly signed by you and us. This Agreement is binding on your and our successors, assigns, heirs, executors, and personal representatives.

Charity

\_\_\_\_\_

Borrower

\_\_\_\_\_

Sign Name

Print Name

\_\_\_\_\_  
Phone Number