



GWINNETT COUNTY
ANIMAL WELFARE & ENFORCEMENT
RETURN TO COMMUNITY CAT
INTAKE FORM

Thank you for helping to keep community cats healthy. The procedure includes spay or neuter, Rabies vaccine, ear tip to signify sterilization, and microchip. If you believe the cat has any medical issues, please take them to your private veterinarian for treatment.

VOLUNTEER OR AGENT INFORMATION

Name: _____ Phone: _____

Address: _____ City/ZIP: _____

Email: _____ Community: _____

CAT INFORMATION

Color or Markings	Fur Length <i>(check one)</i>			Animal ID# <i>(staff only)</i>
	Short	Medium	Long	

Gwinnett Animal Welfare and Enforcement uses qualified staff and approved materials for all procedures. It is important to understand that the risk of injury/death, although extremely low, is always present. Please read and acknowledge by initialing each line below.

- _____ I, acting as the agent or volunteer for the cat(s) listed above, hereby request and authorize Gwinnett Animal Welfare and Enforcement, through the veterinarians they may designate, to perform spay or neuter surgery on the cat(s) listed above.
- _____ I understand that the surgery, anesthetics, and other drugs may present risks and that injury/death of the animal(s) may result.
- _____ I understand that it will take up to two weeks for vaccinations to offer full protection.
- _____ I understand that Gwinnett Animal Welfare and Enforcement has the right to refuse surgery to any animal(s) deemed a health risk.
- _____ I understand that Gwinnett Animal Welfare and Enforcement will not perform a complete physical examination.
- _____ I understand that if a cat is pregnant, the pregnancy will be terminated during surgery.
- _____ I understand that if a cat has an open umbilical hernia, it will be repaired during surgery.
- _____ I understand that the cat(s) will be released to the acting volunteer/agent to be return to the community where it was trapped.
- _____ I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworm disease.

I hereby release Gwinnett County Government, all related veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected to the performance of this procedure or any adverse reactions from vaccinations or the transportation of the animal. I agree that I have not and will not claim any right of compensation from any of them, nor file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. I have read and understand the above statements and agree to services as noted above.

Volunteer or agent signature: _____ Date: _____

Officer's name: _____

PID#: _____ Surgery date: _____ Pick-up date: _____