

Feral Cat Program

Date \_\_\_\_\_

Store \_\_\_\_\_

By my signature below, I acknowledge the following:

1. The humane trap(s) (maximum of 3) that I am borrowing is/are the property of Pets Barn Valley Feed Pet Food Centers and the Pets Alive–El Paso, Inc. Feral Cat Program.
2. The trap(s) is/are borrowed by:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_
3. The traps will be returned by (date) \_\_\_\_\_ (no more than 14 days).
4. The value of each trap is \$50.00 and a refundable security deposit of \$50.00 per trap will be left as a deposit.
5. The traps are to be used by the borrower for the purpose of the Pets Alive–El Paso, Inc. Feral Cat Program, that the trapped animals are wild/unowned, and that trapping procedures will be in accordance with the Humane Trapping Methods and Instructions handout provided.
6. All trapped cats will be handled in a humane and respectful manner in accordance with the guidelines set forth in the Humane Trapping Methods and Instructions handout provided.
7. I will not use the trap(s) to capture any owned or tame cats, or for any unlawful purpose. I agree that any cats so trapped by accident, unless it is deemed medically inappropriate, shall be released in a lawful and humane manner. Under no circumstances shall traps be used to capture a healthy cat for destruction or surrender to animal control agencies.
8. I will trap on personally owned or leased property, or get permission to trap cats from the landowner.
9. Trapping feral cats is inherently dangerous and carries risk of injury, including, but not limited to, being bitten by an unvaccinated cat.
10. I indemnify Pets Barn Valley Feed Pet Food Centers and the Pets Alive–El Paso, Inc. Feral Cat Program, its members and associated facilities from any liability on my use of the trap(s).

Signature \_\_\_\_\_

Date \_\_\_\_\_

For store use only:

Trap ID numbers \_\_\_\_\_

Return date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deposit: \$ \_\_\_\_\_

Deposit returned: Date: \_\_\_\_\_

Check no. \_\_\_\_\_

By: \_\_\_\_\_

Credit card \_\_\_\_\_

Received by \_\_\_\_\_

My deposit was returned to me on \_\_\_\_\_ Signature \_\_\_\_\_