

**VETERINARY CLINIC ENROLLMENT FORM**

**Feral Cat Program**

Practice Name \_\_\_\_\_

Practice Address \_\_\_\_\_

Participating Veterinarians \_\_\_\_\_

Telephone Number \_\_\_\_\_

I will participate in the Pets Alive – El Paso, Inc. Feral Cat Program. I agree to:

1. Neuter only feral cats - those cats presented in a trap because they are unable to be handled.
2. Neuter the feral cat within 48 hours of presentation with the option of transferring the cat (via the trapper) to another participating clinic if needed.
3. Use absorbable suture material.
4. Tip the cat's right ear, 1/4 to 1/2 inch, squared off, in order to identify cats already spayed or castrated by the program and to control duplication of surgeries.
5. Vaccinate every cat with 3 year rabies vaccine.
6. Only have staff with the pre-exposure rabies vaccinations handle feral cats (limited contact through cage wires only).
7. Neuter only cats 12 weeks of age or older.
8. Fill out the Veterinary Reimbursement Form/Medical Record for each cat neutered.
9. Have my clinic name, address and phone number utilized in any or all program print and promotional materials.

Signature \_\_\_\_\_

Date \_\_\_\_\_