



Spay/Neuter Clinic for Feral Cats

Feral Cat Information

Number of Cats	Trap Number(s)
Description of Cat(s)	

Toronto Animal Services TNR Spay/ Neuter Clinic Consent and Waiver

I, the undersigned,

- a. Authorize the veterinarians at the Toronto Animal Services (TAS) East/North Spay/Neuter Clinic to perform feral cat spay/neuter surgery on the above named cats (the "Cat(s)"). I am the caretaker for the Cat(s); I have read, understand and agree to comply with the TAS Spay/Neuter (S/N) Clinic Policies for Feral Cats and the TAS S/N Clinic Post-Operative Information and Instructions for Feral Cats and have had the opportunity to ask questions concerning anything that I do not understand.
- b. I certify that to the best of my knowledge, the Cat(s) have not bitten anyone in the preceding 10 days.
- c. I understand and accept that there are risks inherent to anesthesia and S/N surgery for the Cat(s), particularly if the Cat(s) is/are pregnant, in heat, injured, sick, and/or have no medical history available. I understand that the Cat(s) do not undergo a pre-anesthetic evaluation by a veterinarian, and understand that these risks could complicate the Cat(s)' recovery and/or survival from anesthesia and/or S/N surgery.
- d. I understand and agree that a TAS veterinarian, in his/her discretion, may euthanize any of the Cat(s) without contacting me if the Cat(s) experiences serious adverse reaction to anesthesia and/or complications during S/N surgery or is deemed by the TAS veterinarian to be seriously ill, injured or unlikely to humanely survive if released to a free-roaming lifestyle following S/N surgery.
- e. I release and agree to hold harmless and forever discharge the City of Toronto, its agents, employees and servants from any liability whatsoever which may arise as a result of the S/N surgery performed on the Cat(s) and/or any related complications.

I have read and understand this consent and waiver.

Caretaker Name	Telephone Number/ Alternate Telephone Number
Caretaker Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)	

Colony Location (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)	
Caretaker Signature	Surgery Date (yyyy-mm-dd)

Office Use Only

Transporter Name (First, Last) – please print	Transporter Telephone Number
Witness Name (First, Last) – please print	Witness Signature
Transporter Signature at pick up	

Municipal Licensing and Standards collects personal information on this form under the legal authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, 136(c) and the City of Toronto Municipal Code, Chapter 349 Animals, Par. 349-22. The information is used to obtain consent and waiver from a Caretaker or owner authorizing the Veterinarians at the Toronto Animal Services (TAS) Spay/Neuter Clinic to perform spay/neuter surgery on feral cats. Questions about this collection can be directed to the Veterinarian, Toronto Animal Services, Municipal Licensing and Standards, 1300 Sheppard Avenue West, Toronto, Ontario, M3K 2A6 or by telephone at 416-678-4751.