

## Feral Cat Program- Low Cost Spay Neuter Clinic

### TRAP LOAN AGREEMENT

By my initials/signature below and my receipt of the traps listed below, I acknowledge the following :

	1. Traps are the property of the Low Cost Spay Neuter Clinic and will be returned to the pick-up location no later than the date shown below. I acknowledge that if I fail to return the traps on time and in good condition, I will lose rental privileges in the future.
	2. The value of each trap is \$25. I will be responsible for the full value of the trap, plus any costs of collection and attorney's fees necessary to secure its return or replacement. I agree that the traps I am receiving today are in good working order. I understand that if the traps are not returned in similar condition, I will forfeit my \$25 deposit for each trap not returned in good working order.
	3. I understand that any animal, even sweet tame cats, can be dangerous when trapped and I agree NOT to open any trap, stick hand or fingers inside trap, or handle any trapped animal unless specifically instructed. I release the Low Cost Spay Neuter and its staff, volunteers and facilities from any liability for any injuries or damages that I may incur or cause while trapping, confining, transporting, or releasing these cats.
	4. I will NOT use the trap to capture any owned cat, or for any other unlawful act, and will only use it for the purpose of spay/neuter procedures or other necessary medical treatment of a FERAL cat. Under no circumstances shall this trap be used to capture a healthy animal for destruction or surrender to animal control agencies. I will indemnify the Low Cost Spay Neuter Clinic, its staff, volunteers, and facilities from any liability based on my use of the trap.
	5. I agree to ensure that spayed/neutered cats will receive food, water and necessary care following surgery and will be humanely returned to the location where they were trapped. I acknowledge the possibility that once released, some cats may not return.
	6. I understand that traps are only loaned for a period of <b>2 weeks</b> . If I need more time, the loan period may be extended by another 2 weeks if no one is currently on the waiting list, I will return the traps by my original due date and my name can be added to the waiting list.
	7. I understand that I can only borrow (2) traps at a time. Unless other arrangements have been made.
	8. I agree to return the traps listed below in clean condition. <b><u>Please clean traps with a 20:1 solution of water:bleach to sterilize and remove any debris or garbage from inside the trap before returning.</u></b>

CHECK OUT DATE:	RETURN DUE DATE (2 WEEKS FROM CHECK-OUT DATE):
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Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this agreement, you agree to all the above conditions. You also authorize us to deposit your check or cash if the traps are not returned by their due date and/or in good condition.*

**For Office Use Only:**

Deposit Due: \$	Deposit Returned: \$
Total # of Traps:	Total # of Traps
Trap Numbers:	Trap Numbers:
Check or Cash (please circle)	Date Returned:
Received by LCSNC Staff Member:	Received By: