



FERAL CAT TRAP RENTAL AGREEMENT

Client Name: _____

Phone: _____

Scheduled Surgery Date: _____

Date Trap Checked Out: _____

Trap ID #: _____

Staff Initials: _____

Rental Terms

FOTAS Community Spay & Neuter Clinic rents humane feral cat traps to clients with a surgical appointment scheduled at our clinic. The trap rental fee is \$5 per appointment/trapping period and is separate from the regular appointment deposit.

- The trap remains the property of FOTAS Community Spay & Neuter Clinic. Each trap has a metal identification tag and an individual Trap ID number.
- I am responsible for the trap from the time it is checked out to me until it is returned to the clinic.
- I will use the trap for safely trapping a cat scheduled for surgery at FOTAS Community Spay & Neuter Clinic.
- I will not loan, give, or transfer the trap to another person.
- I will take reasonable precautions to protect the trap from loss, theft, or damage.
- If the trap is lost, stolen, not returned, or damaged beyond normal use while in my possession, I agree to pay FOTAS \$175 for the cost of replacement.
- Traps are generally available for pickup no more than one week before the scheduled surgery appointment.
- If I have another feral cat appointment scheduled and will continue trapping, I may continue using the trap with clinic approval. An additional \$5 Trap Rental fee will be added to the next appointment.
- If I am finished trapping and do not have another appointment scheduled, I will bring a secure, hard-sided plastic carrier on surgery day. Clinic staff will transfer the cat as appropriate so the clinic trap can remain at the clinic.
- I will not attempt to transfer a feral cat from the trap into a carrier myself.

IMPORTANT: Lost, stolen, unreturned, or damaged traps are subject to a \$175 replacement charge.

SURGERY DAY REMINDER

If you are finished trapping, bring a secure, hard-sided plastic carrier for the feral cat.

By signing below, I acknowledge that I have received the trap listed above and agree to the rental and replacement terms.

Client Signature: _____

Date: _____

FOR STAFF USE AT RETURN

Condition: ☐ Good ☐ Damaged

Date

Returned: _____

Staff Initials: _____