



HAWAIIAN
HUMANE
SOCIETY

2700 Waialae Avenue
Honolulu, HI 96826
Phone: 808/356-2284
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www.hawaiianhumane.org

Feral Cat Sterilization Program Agreement

Name: _____ Date: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____

Home Address: _____

Specific location(s) of cat colony (e.g. Makiki, Kakaako Park, etc.): _____

No. of cats currently in population: _____

By signing below, you agree to the following:

- I am caring for these cats and agree to release them into their original location and provide basic care for them in the future. I understand that the following procedures will be performed on each cat:
 - Castration or spay under injectable intramuscular anesthetic.
 - Ear notching (right – female / left – male).
 - Identification applied: Microchip ID (I will pay the applicable fee).
 - After discussing and with prior approval by you, euthanasia if found to have severe debilitating disease or injury.

- I agree to indemnify and hold harmless the Hawaiian Humane Society, its officers, employees and agents from and against any and all liability arising out of any service provided.

- I further agree that while on Hawaiian Humane Society premises, I will abide by all Hawaiian Humane Society rules and policies; refrain from entering any restricted area; and refrain from disrupting Humane Society business, including not interfering with the Incoming Animals Department.

Signature of Feral Cat Caregiver

Date