

# Relocation Caregiver Agreement



407-522-2617  
barncatsinfo@carefelinetnr.org  
www.carefelinetnr.org

## Caregiver Information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relocation Address, if different from above: \_\_\_\_\_

**I understand that as part of my participation in the CARE Feline TNR, Inc. Barn Cats Program, I agree that...**  
*Please place initials next to each statement to indicate agreement. (CARE Feline TNR, Inc. referred to as CARE; Caregiver referred to as CG)*

1. \_\_\_\_ CG is responsible for the equipment loaned for proper relocation of the feral cat(s) in their care. CG agrees to compensate CARE for any equipment, (note listing) not returned after cat(s)' initial holding period.
2. \_\_\_\_ CG agrees that they will not order a healthy animal to be euthanized or turned over to animal control; for any unlawful purpose; or for research/testing purposes for profit or otherwise.
3. \_\_\_\_ CG is responsible for ensuring that the cats they are relocating are kept safe from weather, people, and other animals while in the cage(s) during their initial holding period; and that they receive food, water, and necessary care while caged and after release.
4. \_\_\_\_ CG will hold CARE harmless if they are injured while providing care for these feral cat(s). In the event CG, or anyone else, is bitten by a caged feral cat, the law requires a 15-day quarantine period, the cost of which will be CG's responsibility.
5. \_\_\_\_ I understand that CARE does not necessarily know the nature of the animal or its characteristics, and gives no warranties, expressed or implied, of temperament or fitness. CG confirms that they have been provided information on the cat(s)' current health status, noting any known pre-existing conditions. CG understands that the cat(s) is delivered "As is." CG understands that the cat(s) should be isolated, for a minimum period of two weeks to insure best results from relocation.

How did you hear about CARE's Barn Cats? \_\_\_\_\_

**Please consider a tax-deductible donation to CARE Feline TNR, Inc.  
With your help, we can save more lives!**

\_\_\_\_\_  
Caregiver's Signature

\_\_\_\_\_  
Date

**Continued on Reverse**

Relocation Caregiver Agreement (continued)

Feral Cat(s) Information:

Source: \_\_\_\_\_ Sex: \_\_\_\_\_ Name: \_\_\_\_\_

Description: \_\_\_\_\_ Est. Age: \_\_\_\_\_

Source: \_\_\_\_\_ Sex: \_\_\_\_\_ Name: \_\_\_\_\_

Description: \_\_\_\_\_ Est. Age: \_\_\_\_\_

Source: \_\_\_\_\_ Sex: \_\_\_\_\_ Name: \_\_\_\_\_

Description: \_\_\_\_\_ Est. Age: \_\_\_\_\_

Source: \_\_\_\_\_ Sex: \_\_\_\_\_ Name: \_\_\_\_\_

Description: \_\_\_\_\_ Est. Age: \_\_\_\_\_

Source: \_\_\_\_\_ Sex: \_\_\_\_\_ Name: \_\_\_\_\_

Description: \_\_\_\_\_ Est. Age: \_\_\_\_\_

Source: \_\_\_\_\_ Sex: \_\_\_\_\_ Name: \_\_\_\_\_

Description: \_\_\_\_\_ Est. Age: \_\_\_\_\_

Yes No All rabies vaccination certificates given to Care Giver.

If no, list vet clinic: \_\_\_\_\_

\_\_\_\_\_ Number of cage set-ups provided

\_\_\_\_\_ Date of set up

\_\_\_\_\_ Date of release (2 weeks)

\_\_\_\_\_ Date of equipment pick up

CARE Feline TNR, Inc. Representative \_\_\_\_\_

Date \_\_\_\_\_

**CARE Feline TNR, Inc. Barn Cats**  
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