

TNR AGREEMENT

Name; _____ Date _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Drivers License # _____

- I understand that a deposit of \$65 per trap is required. The check will not be deposited unless necessary to replace trap(s) due to damage or lack of return. While in my care, I am responsible for the trap(s) and if necessary, I agree to a replacement cost of \$65 per trap.
- I agree to return the traps as I received them: clean and undamaged or **pay cleaning fee of \$10 per trap if returned dirty.**
- I agree to complete the Feral Colony Tracking System, Inventory Form and Caretaker Agreement and to read the Cook County Ordinance and Caretaker Responsibilities found behind Cat Caregiver link on CatVando's website and submit to CatVando to set loan/trap/clinic dates.
- I agree to follow instructions and schedule for pre-baiting, trapping, aftercare and trap return. If instructions are not followed and cats not caught I will return traps and get in line for next clinic date.
- I agree to attend a TNR Workshop at The Franklin Park Community Center 1st Saturdays 1-2:30pm, or Maywood Public Library, 2nd Saturdays 1-2:30pm
- I will call CatVando with questions or concerns, respectful of time.
- These traps are to be used for TNR only. – any variance will result in a fine.

Trap loan date: _____ Clinic Date _____ Trap Return Date _____

Number of Traps _____ Deposit _____ Ck # _____

Trap #'s _____

Caretaker Signature

CatVando

CatVando

NFP Corporation
Cook County Sponsor



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Catvando.org



CatVando TNR