

**LAST HOPE ANIMAL RESCUE – 2017 FIX –A- FERAL PROGRAM
PHOTO ID REQUIRED AT ALL ANIMAL HOSPITALS**

ALL VOUCHERS WILL EXPIRE DECEMBER 20, 2017

ALL CATS MUST BE IN TRAPS AND WILL BE EAR-TIPPED

Veterinary Hospital	Fee to Client	Fee Includes Spay/Neuter AND	Days of Surgery	Address
Jericho Animal Hospital 516-938-4106	\$ 35.00 Addl \$13.50 if pregnant All cats will be tested for FELV and FIV.	Rabies Vaccine If the cat tests positive for FELV, he/she will be euthanized. If the cat tests positive for FIV (Feline Aids), the client will decide if the cat should be euthanized or neutered and returned.	Monday Thru Thurs By appointment only	360 W Jericho Turnpike Syosset, NY 11791
LI Animal Surgery 631-627-6900	\$ 35.00 No extra for pregnancy	Rabies Vaccine	Tuesday and Thursday Drop off by 10AM By appointment on ly	Dr. Steven Kolbert 305 West Roe Blvd Patchogue, NY 11772

Cats ACCEP TED in Traps OR Cat Carriers and WILL BE Ear-Tipped

Island Rescue 631-968-8700	\$ 35.00 Addl \$20 - \$41 if pregnant	Rabies, FVRCP Vaccines	Tuesday, Thursday, Friday, Saturday Call for drop off times	Dr. Linda Treglia 1500 North Clinton Ave Bay Shore, NY 11706
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Island Rescue requires that all tame cats are examined before spay/neuter. This is an additional appointment that will cost you \$ 45.

ALL VETERINARIANS CAN REFUSE SURGERY IF THE CAT IS IN POOR HEALTH

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MANDATORY AGREEMENT

Please fill in the following information (print clearly) and answer ALL the questions below.

I, the undersigned, have read through all the literature provided. **All cats brought to Jericho Animal Hospital will be tested for Feline Leukemia(FELV) and Feline AIDS(FIV) prior to surgery. If the cat tests positive for FELV, he/she will be humanely euthanized while sedated. If the cat tests positive for FIV, I have the OPTION of having the cat euthanized or neutered and returned to me.**

I would like to get vouchers for _____ (Animal Hospital from the attached list)
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I have _____(number) of feral cats/kittens to neuter or spay.

DO NOT TRAP ANY CATS UNTIL YOU RECEIVE THE VOUCHERS FROM LAST HOPE

I agree that neither **LAST HOPE, INC.**, nor the veterinarian performing surgery, or any of their agents, or volunteers or employees shall be, at any time or to any extent whatsoever, liable, responsible, or in any way accountable for any reactions to this procedure.

I agree to pick up the cat after surgery and arrange for the appropriate post-operative care. Males can be released the day after surgery. Females should be held at least 48 hours after surgery. I assume full responsibility for the care, feeding and protection of this feral cat for the duration of its life. I understand that the cat **MUST BE RETURNED TO ITS TRAPPING SITE.** If the feral cat becomes sick or injured, I will see that every attempt is made to provide appropriate veterinary care or humane euthanasia. I will not allow this cat to suffer need needlessly.

Please print clearly in pen.

Name _____ Date: _____

Mailing Address: _____

E-mail: _____ **Cell Phone #** _____ **Home Phone #** _____

If someone is helping you trap and transport to the vet, their name must appear on the voucher.
Photo Id is required at all animal hospitals. Trapper full name _____

Where are the cats that you are feeding located? **STREET ADDRESS AND TOWNSHIP** _____

How many adult cats are in the colony? _____ How many kittens? _____

How old are the kittens? _____ Can you handle them? _____

How long have you been feeding this colony? _____

Traps can be obtained by contacting Marlyn Gorman, 516-242-3386. We ask for a \$65 cash deposit which will be refunded when the trap is returned.

Please mail COMPLETED Agreement to : Last Hope, Inc., P.O. Box 7025, Wantagh, NY 11793Attn: Feral Cat Program. IT COULD TAKE UP TO 2 WEEKS FOR YOU TO GET THESE VOUCHERS. TO EXPEDITE, please scan and email to fixaferal15@gmail.com or fax to 631-427-0182. If you have any questions, please contact us thru our website – www.lasthopeanimalrescue.org