

**LAST HOPE ANIMAL RESCUE – 2025 FIX –A- FERAL PROGRAM**  
**MANDATORY AGREEMENT**

I, the undersigned, have read through all the literature provided.

**The vouchers can be used at ANY of the animal hospitals listed on the previous page.**

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

How many adult cats are in the colony? \_\_\_\_\_ How many adults **already** spayed/neutered? \_\_\_\_\_

How many kittens in the colony? \_\_\_\_\_ How many kittens **already** spayed/neutered? \_\_\_\_\_

What do you plan to do with the kittens if they can be tamed or are tame? \_\_\_\_\_  
\_\_\_\_\_

**How many cats/kittens REMAIN to be spayed/neutered?** \_\_\_\_\_

How old are the kittens? \_\_\_\_\_ Can you handle them? \_\_\_\_\_

How long have you been feeding this colony? \_\_\_\_\_

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

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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 fill in the following information (print clearly) and answer ALL the questions below:*

Client 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 \_\_\_\_\_**

**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 scan and email this completed agreement to [Vickipere4@gmail.com](mailto:Vickipere4@gmail.com) or mail to: Last Hope, Inc., PO Box 7025, Wantagh, NY 11793 Attn: Feral Cat Program. Please allow up to 14 days to process if you are MAILING the application.**

**If you have any questions, please contact us thru our website – [www.lasthopeanimalrescue.org](http://www.lasthopeanimalrescue.org)**