



Volunteer Release Form

Commonwealth Cats Spay/Neuter Clinic is a program for wild and stray cats. While these cats may appear docile, feral cats may bite and scratch if handled. Therefore, I agree to not handle any animals that have not been anesthetized. I also agree to wear gloves while participating in clinic activities.

In addition, these animals have an unknown health history and should be presumed to be unvaccinated against Rabies. Bites, scratches, and even less direct exposure can transmit rabies and other illnesses. If I am bitten or scratched, I agree to report the incident immediately to the Clinic Director or the Veterinarian-in-charge. I also agree to report this incident to my own physician.

Rabies immunization is highly recommended for all personnel involved with the feral cats cared for by Commonwealth Cats. Vaccinated individuals should have a blood test every two years to determine if a booster is needed for continuing protection.

I agree to comply with the letter and spirit of Commonwealth Cats policies and follow the guidelines established by the Commonwealth Cats Clinic Program and the Clinic Director. If I am unfamiliar with the policies and guidelines, I will review them with the Clinic Director.

I release Commonwealth Cats and its volunteers and host facilities from any liability for any injuries to myself, or property damage that I may incur or cause while participating in the clinic.

Please print clearly

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail: _____

Rabies Vaccination Status (You must check one)

Last Vaccination date or titer date _____

I decline rabies vaccination against the advice of Commonwealth Cats _____

I have read, understand and agree to all the above.

Signature: _____ Date: _____