

## WAIVER OF RESPONSIBILITY, SERVICE UNDERSTANDING AND AUTHORIZATION TO ACT AS MY AGENT

| I.   | , agree to hold   |
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| nformation, lack of information or for any circ<br>transport, surgery, recuperation or any other | ting veterinarians and their staff harmless for any<br>umstance of trapping, use of traps or equipment,<br>unforeseen circumstance that may lead to any<br>ile working with community (unowned stray/feral) |
|  | p-Neuter-Return (TNR) requiring that the cat(s) ir<br>e to provide food and water daily for these anima   |
| agree to allow OCH to act as my agent on beha  | alf of the community cat(s) in my care.   |
| Signature  | Date  |
| Address  | City and Zip Code   |
| Phone #  | E-mail  |
| Witness  | Date  |