

# Farm, Feral & Stray

2099 190<sup>th</sup> St, Centuria WI 54824  
[www.farmferalstray.org](http://www.farmferalstray.org) 715-501-8488

## Relocation Agreement



ID# \_\_\_\_\_

Caregiver Information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relocation Address, if different from above:

\_\_\_\_\_

**I understand that as part of my participation in the Farm, Feral & Stray Program, I agree that...**

*Please place initials next to each statement to indicate agreement. (Farm, Feral & Stray referred to as FFS; Caregiver referred to as CG)*

1. \_\_\_\_ CG is responsible for the equipment loaned for proper relocation of the feral cat(s) in their care. CG agrees to compensate FFS for any equipment, (note listing) not returned after cat(s)' initial holding period. FFS will provide any necessary tools for a safe and secure acclimation period.
2. \_\_\_\_ CG agrees that they will not order a healthy animal to be euthanized or turned over to animal control; for any unlawful purpose; or for research/testing purposes for profit or otherwise.
3. \_\_\_\_ CG is responsible for ensuring that the cats they are relocating are kept safe from weather, people, and other animals while in the secure area during their initial holding period; and that they receive food, water, and necessary care while secured and after release.
4. \_\_\_\_ CG will hold FFS harmless if they are injured while providing care for these feral cat(s). In the event CG, or anyone else, is bitten by a caged feral cat, the law requires a 10-day quarantine period.
5. \_\_\_\_ CG understands that FFS does not necessarily know the nature of the animal or its characteristics, and gives no warranties, expressed or implied, of temperament or fitness. CG confirms that they have been provided information on the cat(s)' current health status, noting any known pre-existing conditions. CG understands that the cat(s) is delivered "As is." CG understands that the cat(s) should be isolated, for a minimum period of two weeks to insure best results from relocation.

Signature

Date

**Cat #3:**

Color: \_\_\_\_\_  
unknown

Sex (circle one): male female

Fur Length (circle one): short medium long

Estimated Age: \_\_\_\_\_

**Cat #4:**

Color: \_\_\_\_\_  
unknown

Sex (circle one): male female

Fur Length (circle one): short medium long

Estimated Age: \_\_\_\_\_

**Cat #5:**

Color: \_\_\_\_\_  
unknown

Sex (circle one): male female

Fur Length (circle one): short medium long

Estimated Age: \_\_\_\_\_

**Cat #6:**

Color: \_\_\_\_\_  
unknown

Sex (circle one): male female

Fur Length (circle one): short medium long

Estimated Age: \_\_\_\_\_

**Cat #7:**

Color: \_\_\_\_\_  
unknown

Sex (circle one): male female

Fur Length (circle one): short medium long

Estimated Age: \_\_\_\_\_

**Cat #8:**

Color: \_\_\_\_\_  
unknown

Sex (circle one): male female

Fur Length (circle one): short medium long

Estimated Age: \_\_\_\_\_

**Cat #9:**

Color: \_\_\_\_\_  
unknown

Sex (circle one): male female

Fur Length (circle one): short medium long

Estimated Age: \_\_\_\_\_

**Cat #10:**

Color: \_\_\_\_\_  
unknown

Sex (circle one): male female

Fur Length (circle one): short medium long

Estimated Age: \_\_\_\_\_

Date: \_\_\_\_\_

Caregiver: \_\_\_\_\_

Please complete the form below to make ANY donation for the value of your cats' spay/neuter and vaccination services. Checks can be made to Farm, Feral & Stray, 2099 190<sup>th</sup> St, Centuria, WI 54824

Thank you.

Cash: \_\_\_\_\_

Check: \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Equipment on loan:

\_\_\_\_\_

\_\_\_\_\_