



Pawnee County Humane Society, Inc.

620.282.2554 * P.O. Box 224 * Larned, KS 67550

www.pawneehumane.com

Feral Cat Caregiver Agreement

I _____ residing at _____
agree to be a Caregiver for the Pawnee County Humane Society, Inc. (PCHS) Feral Cat Trap/Neuter/Return (TNR) program. I agree to provide food and water on a daily basis to the feral cat colony that has been established at _____ in Larned, KS. I will assist the PCHS in ensuring that the cats have adequate shelter. I will also keep any records that the PCHS requires. I understand that the cost of food is partially my responsibility and that the PCHS will donate food as their budget/supply allows. I will also notify the PCHS in the event of a cat needing vet care, if a new cat joins the colony or if I am no longer able to be a Caregiver.

I would like to make an optional donation to the Feral Cat TNR Program in the amount of \$_____.

Name	Phone	Date
------	-------	------

PCHS Representative	Date
---------------------	------