



Certificate Number: _____
 Client Account Number: _____
 CSR: _____

**Jacksonville's Animal Care & Protective Services
 DUVAL CAT FIX CERTIFICATE**

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|--|---------------|
| Part 1 – Client Information | |
| Last Name, First Name: | Zip Code: |
| Address (No PO Box): | Phone Number: |
| Are you a Duval County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| How are you submitting Proof of Residency? <input type="checkbox"/> FL ID, <input type="checkbox"/> JEA Payment, <input type="checkbox"/> Mortgage Payment, <input type="checkbox"/> Lease Agreement | |
| Name of person bringing in the cat if other than the Client? | |

| | | | |
|-----------------------------------|--|---|-------------------------------------|
| Part 2 – Cat's Information | | | |
| Cat's Name: | Color: | Breed: <input type="checkbox"/> DSH <input type="checkbox"/> DMH <input type="checkbox"/> DLH | Age: |
| Ownership Type: | <input type="checkbox"/> Community Cat | <input type="checkbox"/> Owned Female | <input type="checkbox"/> Owned Male |

If the above community cat does not live at the residence listed above, please provide the Zip Code where the cat resides: _____

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| Part 3 – Waiver of Liability and Responsibility |
| <ol style="list-style-type: none"> I ATTEST THAT THE <u>PET CAT</u> LISTED ABOVE LIVES AT THE RESIDENCE LISTED ABOVE. I ATTEST THAT THE <u>COMMUNITY CAT</u> LISTED ABOVE DOES RESIDE IN DUVAL COUNTY. I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE THAT I WILL PICK UP THE <u>COMMUNITY CAT</u> 24 HOURS AFTER BEING CONTACTED THAT IT IS READY FOR PICK UP. I HEREBY CONSENT TO THE PRE-SURGICAL RABIES IMMUNIZATION AND SPAY/NEUTERING OF THE PET DESCRIBED ABOVE. ANIMALS THAT ARE SPAYED OR NEUTERED AND VACCINATED AS A RESULT OF THIS PROGRAM ARE THE RESPONSIBILITY OF THE ANIMAL'S CARE TAKER. I HEREBY AGREE THAT FIRST COAST NO MORE HOMELESS PETS, INC., THE CITY OF JACKSONVILLE AND THE VETERINARIAN PERFORMING SURGERY HAVE NO RESPONSIBILITY OR LIABILITY FOR ANY INJURY OR DAMAGE, OR CLAIMS SUBSEQUENT THERETO, TO ANY PERSON, PROPERTY, OR ANIMAL, CAUSED DIRECTLY OR INDIRECTLY BY ANY OF THE PARTICIPATING PARTIES. <p>I HAVE READ THE ABOVE STATEMENTS AND I AGREE TO PARTICIPATE IN THIS PROGRAM AND AGREE TO THIS WAIVER OF LIABILITY</p> <p>CLIENT'S SIGNATURE (required): _____ Date: _____</p> |

| | | | |
|---|--|--|-------------------|
| Part 4 – Veterinarian Information | | | |
| Hospital / Clinic Name: FIRST COAST NO MORE HOMELESS PETS | | | |
| <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered | <input type="checkbox"/> COMMUNITY CAT NO TAG GIVEN | Rabies Vaccine Given Today? <input type="checkbox"/> Yes <input type="checkbox"/> No (already Done) | Rabies Tag Number |
| I hereby attest that spaying/neutering and immunization of this animal was carried out as recorded above. | | | |
| Signature of veterinarian performing Surgery | | | Date: |

Concluding CSR:

First Coast No More Homeless Pets, Inc.
 6817 Norwood Avenue
 Jacksonville, FL 32208
 904.425.0005

464 Cassat Avenue
 Jacksonville FL 32254
 www.fcnmhp.org