Logo

Description automatically generatedFlagler Animal Services

1 Shelter Drive, Palm Coast, FL 32137

386-246-8612

**TRAP LOAN AGREEMENT**

Initials By my initials/signature below and my receipt of the traps listed below, I acknowledge the following:

|  |  |
| --- | --- |
|  | 1. Traps are the property of Flagler Humane Society/Flagler Animal Services and will be returned to the pick-up location no later than the date shown below. I acknowledge that if I fail to return the trap(s) on time and in the condition in which they were rented, I will lose rental privileges in the future. |
|  | 1. The value of each trap is $50-$70. I will be leaving a deposit of $50 for the use of each trap. I will be responsible for the full value of the trap(s), plus any costs of collection and attorney’s fees necessary to secure its return or replacement. I agree that the trap(s) I am receiving today are in good working order. I understand that if the trap(s) are not retuned in similar condition, I will forfeit my $50 deposit for each trap not returned in good working order. The fee may be waived if I am trapping at the request of Flagler Animal Services. |
|  | 1. I understand that any animal, even domesticated cats, can be dangerous when trapped and I agree NOT to open any trap, stick hand or fingers inside trap or handle any trapped animal unless specifically instructed. I release Flagler Humane Society/Flagler Animal Services and is staff, volunteers, and facilities from any liability for any injuries or damages that I may incur or cause while trapping, confining, transporting, or releasing these cats. |
|  | 1. I will NOT use the trap to capture an owned cat or for any other unlawful act and will only use it for the purpose of spay/neuter procedures or other necessary medical treatment of a Feral/Community cat. Under no circumstances shall this trap be used to capture a healthy animal for destruction or surrender to animal control or humane society agencies. I will indemnify Flagler Humane Society/Flagler Animal Services and its staff, volunteers, and facilities from any liability based on my use of the trap. |
|  | 1. I agree to ensure that spay/neutered cats will receive food, water, and necessary care following surgery and will be humanely returned to the same location where it was trapped. I acknowledge that possibility that once released, some cats may not return. |
|  | 1. I understand that it is initially $50 to rent a trap and traps are only loaned for a period of two weeks. If I need more time, the loan period may be extended at the cost of $15 a week. This amount will need to be paid at the time of renewal. If I return the trap(s) and want to continue trapping, I must wait two weeks between the time I return the trap(s) and the time I come to rent again. |
|  | 1. I understand that I can only rent two traps at a time. |
|  | 1. I agree to return the traps listed below in clean condition. Please clean the traps with a 20:1 solution of water:bleach to sterilize and remove any debris/garbage from inside the trap as well. |

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this agreement, you agree to all above conditions. You also authorize FHS to charge your credit card if traps are not returned by their due date and/or in good condition.*

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPOSIT INFORMATION:**

Trap Number(s) / Trap Description(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Paid By: Cash Check Credit Card

Received by (FHS Staff Member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Rev. 8.22*