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# TRAP LOAN FORM

Rockingham Harrisonburg SPCA has loaned me the use of the following traps:

Date: \_\_\_\_\_ Tag Numbers: \_\_\_\_\_

I agree to return the traps by this date: \_\_\_\_\_

Deposit amount: (\$60 per trap) = \$\_\_\_\_\_.

Cash     Check     Credit:     American Express     Discover     MasterCard     Visa

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

I understand that trap(s) are only to be used for Trap-Neuter-Return of feral (community) cats. Trapped cats may NOT be taken to an animal shelter or pound for destruction or surrender, or relocated or released at a location other than where they were trapped. Traps may not be used to trap wildlife; if these animals are trapped accidentally, they must be released unharmed at the location where they were trapped. Traps may not be lent to a third party.

I understand that it is my responsibility to return the trap(s) in the same condition they were lent, and clean—newspapers removed, traps cleaned and disinfected—so the trap can be stored or loaned out right away. In the event that I will need the trap(s) past the abovementioned return date, I will call Rockingham Harrisonburg SPCA and make arrangements; otherwise, Rockingham Harrisonburg SPCA will assume that I am not returning the trap(s) and will deposit my check or charge my credit card.

I understand that any animal, including both socialized and feral cats, can act unpredictably when trapped. I agree to not open any trap, stick hands or fingers inside the trap, or handle any trapped animal unless specifically instructed. I release Rockingham Harrisonburg SPCA and its staff and volunteers from any liability for any injuries or damages that may occur from trapping, confining, transporting, or releasing these cats.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Please contact us if you would like to borrow traps for additional days, or if you have any questions!

Rockingham Harrisonburg SPCA contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

For Rockingham Harrisonburg SPCA use: Date Returned: \_\_\_\_\_ Rep Signature: \_\_\_\_\_