

SPCHS FERAL CAT TRAP CONTRACT

Trap# _____

Out Date _____

By _____

Due back _____

Returned _____

Rec'd By _____

Thanks to a grant from the Summerlee Foundation, all costs for spay/neuter and necessary vaccinations of feral cats are covered

Name: _____

Email: _____ Home Phone: _____

Cell Phone _____ Work Phone: _____

Mailing Address: _____, City _____, WA, zip _____

Driver License Number: _____, Expiration Date _____ Issue Date _____

I understand I am responsible for returning the equipment on time and in the same condition as when checked out to me. I am providing my credit card information or a personal check in the amount of \$150 to secure performance of my obligations under this contract and I consent to SPCHS use or application of such security funds as provided below.

Signature: _____ Date: _____

We will enter your credit card information in our computer for security against performance of your obligations under this contract. If you return the equipment in the same condition as at check out and on or before the due back date, we will remove your credit card information from our computer. We will not use your credit card information for any purpose except as provided in this contract. If you cannot or will not provide credit card information, you must provide a check in the amount of \$150 to secure your performance under this contract. If you return the equipment in the same condition as at check out and on or before the due back date, we will return your check to you. If you fail to perform your obligations under this contract, we may cash your check and apply the proceeds or charge your credit card in an amount up to \$150 and apply the funds, as applicable, to pay for repair or replacement of the equipment.

For Office use only:

List any defects, damage or problems with equipment at check out: _____

List any defects, damage or problems with equipment on return: _____
