



Save-A-Pet  
31664 N. Fairfield Rd.  
(Mailing) P.O. Box 266  
Grayslake, IL 60030

[www.saveapetil.org](http://www.saveapetil.org)  
847-740-7788 PHONE  
847-740-7886 FAX  
[intake@saveapetil.org](mailto:intake@saveapetil.org)

Save-A-Pet Fixin' for Freedom is a Trap-Neuter-Return (TNR) program designed to give access to low-cost spay/neuter and vaccination services for community cats under the care of designated caretakers.

**The Fixin' for Freedom Spay/Neuter Package includes:**

- \* Spay or neuter surgery
- \* Microchip
- \* Ear Clip
- \* 3-year rabies vaccination
- \* Distemper combo vaccination
- \* One de-worming treatment
- \* Minor wound and dental care, if needed (any prescriptions will be extra charge if needed).
- \* Humane euthanasia if found to have a severe debilitating disease or injury.

**The Fixin' for Freedom Follow-Up Care Package includes:**

- \* 3-year rabies vaccination
- \* Distemper combo vaccination
- \* One de-worming treatment
- \* Minor wound and dental care, if needed (any prescriptions will be extra charge if needed).
- \* Humane euthanasia if found to have a severe debilitating disease or injury.

**Cost of Services:**

Spay Package- \$55

Neuter Package- \$40

Follow-Up Care Package-\$20

**Additional Add-On Options:**

FeLV/FIV Test- \$15

One Treatment for Fleas/Ear Mites, All Sizes- \$10

Follow-Up 3-year rabies vaccination- \$5

**Trap Rental:**

Save-A-Pet provides traps for use. You will pick up your trap(s) one week before the scheduled surgery date. A \$50 per trap refundable deposit is required and trap is to be returned to Save-A-Pet undamaged and clean within one week after surgery date for deposit refund. The Trap Loan Agreement will give you more details on this process.

# Caretaker Registration Form

Please complete forms below and submit via one of the following routes:

E-Mail to [intake@saveapetil.org](mailto:intake@saveapetil.org)

Mail to Save-A-Pet, P.O. Box 266, Grayslake, IL 60030

Fax to 847-740-7886

## Contact Information:

Date-

Name-

Street

Address-

City-

State-

Zip Code-

County-

Referred By-

Primary

Phone-

Secondary Phone-

E-mail-

**\*Your E-Mail is required for important alerts, colony notices, and updates. If you don't provide us with an E-Mail, you will NOT be notified via regular mail or phone.**

## Cat Colony Information:

Note: For the information you enter here, please fill out the location where you feed your cat colony. If the location is not on your property, you must have owner fill out Acknowledgement of Property Owner's Permission Form (attached).

Feeding  
Location-

Home

Work

Other (Please List)

Location of  
where cats  
are living/  
sleeping-

Under Deck/Shed

In Garage

Window Well

Other (Please Describe)

Address of Feeding Location (If different from your contact address listed above)-

Street

Address-

City-

State-

Zip Code-

County-

# LIST ALL CATS IN COLONY

Caretaker's  
(Your)  
Name-

	<b>Cat's Name/Description</b>	<b>Gender</b>	<b>Age</b>	<b>Spay/ Neuter Date</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				
<b>15</b>				

**Thank you for completing our registration form. Please submit as described above (Pg 2).**

**Once scheduled, we will need a Caretaker Agreement completed and signed prior to the spay/neuter of your community cat. An Acknowledgement of Property Owner's Permission Form is also required **PRIOR TO SURGERY** if cats will be fed on property that does not belong to the registered caretaker. These forms can be found on our web site for you to review and complete ahead of time. We will also have these agreements available at our facility at the time of drop-off for spay/neuter.**

**Payment must be made in full at the time of pick-up.**