

# EASEL Animal Rescue League

## TNR PROJECT PROPOSAL



4 Jake Garzio Drive  
Ewing, NJ 08628  
Phone: 609-883-0540  
Fax: 609-631-8038  
[www.easeInj.org](http://www.easeInj.org)

Please fill in information and sign at the bottom.  
All TNR projects must be approved by EASEL staff before they start.

### TNR Colony Details:

Location (street): \_\_\_\_\_ Town: \_\_\_\_\_  
Estimated timeframe: \_\_\_\_\_ Desired start date: \_\_\_\_\_  
Project Coordinator: \_\_\_\_\_ Alternate contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Additional volunteers to help: \_\_\_\_\_  
On-site caretaker name: \_\_\_\_\_ Phone: \_\_\_\_\_

### TNR Colony Estimates:

Number of cats (approx): \_\_\_\_\_ Number of kittens (approx): \_\_\_\_\_  
Amount of funding required (total cats/kittens x \$70): \_\_\_\_\_  
Funding source:  caretaker  donations  grant funds  EASEL funds  other: \_\_\_\_\_  
Amount or percentage: \_\_\_\_\_  
Plan for cat storage during recovery: \_\_\_\_\_

### EASEL TNR Resources:

Transportation:  volunteer vehicles  caretaker vehicle  EASEL van  other: \_\_\_\_\_  
Vet services:  Bridge Clinic  All Pets  AA Clinic  Forgotten Cats  other vet: \_\_\_\_\_  
Traps:  EASEL  caretaker  volunteer  drop trap  other: \_\_\_\_\_  
# of traps: \_\_\_\_\_  
Volunteers:  trappers  trap cleaners  trap checkers  other: \_\_\_\_\_  
Food/supplies needed: \_\_\_\_\_

**Project approvals:** All projects must be approved and scheduled by EASEL. Use of the EASEL van, traps, funding, and resources are based on availability. It is also important that EASEL get a full accounting of all records related to the project to ensure future grant funding. In keeping with TNR best practices, it is necessary to have a good responsible colony caretaker in place to ensure that the colony is well-maintained and not a nuisance to surrounding residents.

**Caretaker:** I certify that I am authorized to provide care for cats in the colony. I hereby consent and authorize the EASEL and/or their agents to perform any necessary procedure(s). I agree to indemnify and hold EASEL and/or agent, employees and volunteers harmless from and against any and all liability arising out of the performance of any medical procedures. I am authorizing EASEL and/or its agents to administer tranquilizers, anesthetics, and/or analgesics that are deemed appropriate. I am aware that all drugs have the potential for adverse side effects in any particular animal. The chances of such occurrence are extremely low; however, death can result in any anesthetized patient.

I hereby acknowledge that I have read the above and fully understand the terms and conditions set forth.

**Project Coordinator signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Caretaker signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EASEL staff approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT:** Amount: \_\_\_\_\_  cash  credit/debit card  online  check # \_\_\_\_\_ **Date:** \_\_\_\_\_