



# FERAL CAT COLONY REGISTRATION

As part of our effort to improve the lives of and reduce the numbers of feral cats in this community, Cats Anonymous, Inc. offers responsible colony caretakers the opportunity to register cat colonies in their neighborhoods. This information is required to participate in our spay/neuter program. Only unowned feral cats and "barn cats" are eligible for the program. Cats Anonymous, Inc. will NOT perform sterilizations for cats intended for private adoption, gifts or to keep as their "pets". Please refer to our website [www.CatsAnonymous.org](http://www.CatsAnonymous.org) for further information about our services and procedures.

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Your phone: (\_\_\_\_) \_\_\_\_\_ Alternate number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Who is the primary person who will monitor/maintain this colony if you are temporarily unavailable (vacation, ill, etc.): \_\_\_\_\_ phone #: (\_\_\_\_) \_\_\_\_\_

Name(s) of any other person(s) helping to monitor/maintain this colony: \_\_\_\_\_

Are you aware of any neighbors who may have a concern about our trap-neuter-return (TNR) program or feral cats in general? **YES NO**

Approximate location of colony (please be as specific as possible, using street names and numbers if possible): \_\_\_\_\_

Approximate number of adult cats in colony: \_\_\_\_\_

Approximate number of kittens under 12 weeks old: \_\_\_\_\_

Do any of the cats appear to be injured or diseased? **YES NO** If yes, please describe symptoms: \_\_\_\_\_

Describe the care (feeding times, water, shelter) you are providing or intend to provide the colony: \_\_\_\_\_

The cost of the program is \$50 per cat, which includes vaccination for rabies, distemper, and several upper respiratory diseases, deworming, medical exam, and spay/neuter. Your donation enables your cat to be a participant in our program.

Yes! I can cover your cost of \$50 per cat.

No, I'm sorry, I can only contribute \$\_\_\_\_\_ per cat towards your cost.

I certify that to the best of my knowledge, all cats in the colony described are unowned feral cats and/or "barn cats". I certify that all the information I've provided is true. I agree to monitor and be the primary provider of food, water, shelter, and any veterinary care beyond the neuter/spay services provided by Cats Anonymous, Inc. for this colony. I will notify Cats Anonymous, Inc. within 24 hours if I am unable to perform such duties for any reason. I understand that a representative from Cats Anonymous, Inc. may periodically call to ask permission to visit the colony to monitor status and conditions for statistical purposes and TNR research data.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed form to 2701 Larsen Rd. Suite BA115, Green Bay, WI 54303**