



Trap-Neuter-Return {TNR} Request Application

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EMAIL _____

1. What type setting best describes the location the cats you are requesting TNR for live ?

Private Residence Business Farm/Rural Public Property {circle One}

2. If they are not at your private residence can you give us contact info for the person who owns the property where the cat are located ?

3. If cats are located at your "Home" do you own the property or rent ? **Own Rent**

If you rent ,please provide landlord's name and phone #

NAME _____

PHONE # (____) _____

4. How many cats are you requesting TNR for ?

Less than 5 Between 5 - 10 Between 10 - 15 Between 15 - 20

5. How many litter of kittens do you see each year on an average?

Unknown At least one Less than 5 More than 5

6. Are there any pregnant cats ?

Yes No Unsure

7. Are there any smaller kittens under 3 months of age ?

Yes No Unsure

8. Are there any tame or owned cats in this colony ?

Yes No Unsure

9. Are any of the cats showing signs of illness ? { Running eyes , sneezing , injuries }

No Yes,but nothing needs urgent care Yes,urgent vet care needed

10. Please give some info on how these cats are being cared for.

How often they are fed? What they are being fed? If they have adequate shelter.

11 . Are you able to help with trapping and transporting cats ?

Yes **No**

12. Are you willing to make a donation to SNIP-Spay Neuter Iberia Project ?

Yes **No**

13. All cats face risks during trapping / anesthesia / surgery or during transporting and I understand these risks and will not blame or hold SNIP-Spay Neuter Iberia Project responsible should a cat die , be injured or escape during the process of TNR. Any cat deemed too sick to be released by our vet will be humanely euthanized.

I agree _____

14. I promise that once the cats have been sterilized and returned to the location they were trapped I will continue to feed them daily,provide fresh water and adequate shelter for the colony.

I agree _____

15. All cats/kittens will be ear tipped.

I agree _____

Date _____

Signature _____

