



Trap-Neuter-Return {TNR} Request Application

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

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 then 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 ?

Do 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 Spay Neuter Iberia Project,INC. ?

Yes

No

Make check payable to : Spay Neuter Iberia Project INC

Pay Pal : [paypal.com/us/fundraiser/charity/1256768](https://www.paypal.com/us/fundraiser/charity/1256768)

13. All cats face risks during trapping / anesthesia / surgery or during transporting and I understand these risks and will not blame or hold 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 _____ (Initial)

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 _____ (Initial)

15. All cats/kittens will be ear tipped.

I agree _____ (Initial)

Date _____ Signature _____