



## Feral Cat (TNR) Colony Registration Form



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

Your name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

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

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

Name: \_\_\_\_\_ 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: \_\_\_\_\_

Total cats to be altered: \_\_\_\_\_

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 \$25 per cat, which includes vaccination for rabies, distemper, several upper respiratory diseases, deworming, ear tip and spay/neuter. Your donation enables your cat to be a participant in our program and continued successful operation of the program.

Yes! I can cover your cost of \$25 per cat

No, I'm sorry, I can only contribute \$ \_\_\_\_\_

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 Sheboygan County Humane Society for this colony. I understand that a representative from Sheboygan County Humane Society (SCHS) may periodically call to ask permission to visit the colony to monitor status and conditions for statistical purposes and TNR research data. I understand that feral and semi-feral cats can be unpredictable and as a caretaker I will take proper precaution and understand that SCHS, SCHS employees, volunteers and affiliates cannot be held liable.

Signature \_\_\_\_\_

Date \_\_\_\_\_