



Application For Trap/Neuter/Return – in the City of Stratford and Perth County

Please complete, print, sign and return this form to:

“Feline Friends Network”, 47 Britannia St., Stratford, ON N5A 5Y8

By my signature below, I acknowledge the following:

- 1) Feline Friends Network (FFN) provides spay/neuter (plus vaccinations) for feral/unowned/barn cats only. I certify that to the best of my knowledge the cats I am enrolling are unowned/barn cats.
- 2) These cats will have their left ears cropped to identify them as sterile, free-roaming managed cats.
- 3) All cats face risks during handling anaesthesia and surgery and I hold FFN, its partnering veterinarians and staff, volunteers and associated facilities harmless should a cat experience complications, injury, escape or death. Any cat deemed by the veterinarian to be severely ill or injured will be humanely euthanized.
- 4) I promise these cats will be provided with daily food, fresh water and year round appropriate shelter, following guidelines stated by FFN. I will return and release all cats to the location(s) from which they were taken and make sure they are cared for during the remainder of their natural lives.
- 5) I agree to adhere to the trapping protocol as taught by FFN.
- 6) I authorize all information to be shared with the Stratford-Perth Humane Society and partnering veterinarian(s) on a confidential basis.

COLONY & CAREGIVER INFORMATION

Caregiver’s first and last name:

Caregiver’s address

Home phone:

Work/Cell phone:

Email Address:

Steps taken to ensure cats are unowned (if not barn cats):
(ie. Checking with neighbours, Humane Society lost cat logs)

How often are the cats fed/watered?

Describe the shelter available to the colony:

Colony setting:

Name of property owner:

(*if other than caregiver, must have written permission to proceed with TNR)

Additional comments

CURRENT STATUS OF CATS IN YOUR COLONY (follow example provided)

<u>NAME</u>	<u>SEX/AGE</u>	<u>Description</u>	<u>Health Issues</u>	<u>S/N DATE</u>
<u>Pete</u>	<u>Male/2yrs</u>	<u>short hair brown tabby</u>	<u>None</u>	<u>(leave blank)</u>

Caregiver signature: _____ Date:

Print Name:

Your generous donation will allow FFN to assist more cats in our community

Feline Friends Network, 47 Britannia St., Stratford, ON N5A 5Y8
www.felinefriends.ca (info@felinefriends.ca) 519-301-5735

Each life respected – and protected