

Feral Cat Application Form



Best Friends Catnippers
 P.O. Box 26
 Woodland Hills, CA 91365
 www.bestfriends.org/la –
 click on *Catnippers*
 Hotline: (818) 377-9700
 Fax: (818) 767-7791



FixNation
 7680 Clybourn Avenue
 Los Angeles, CA 91352
 www.fixnation.org
 Hotline: (818) 524-2287
 Fax: (818) 767-7791

Caregiver and Colony Information

Please Complete Form in Full

1. Caregiver Name			
2. Caregiver Address (Please include zip code)			
3. Do you live in the city of Los Angeles? (Please check one) Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. Home Phone:	5. Work Phone:	6. Cell Phone:	
7. E-Mail Address:		8. Fax Number:	
9. Colony Address: (Please include zip code)			
10. Have you participated in any <i>Catnipper</i> program(s) before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
11. How much money, per cat , can you contribute towards the spay/neuter of your cat(s)?			
12. Have you ever trapped feral cats before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
13. You were referred to <i>Best Friends Catnippers</i> / <i>FixNation</i> by: _____			
14. I am interested in the following <i>Catnippers</i> / <i>FixNation</i> Programs (check all that apply):			
_____ City of LA Vouchers (\$30/cat)		How many vouchers? _____	
_____ <i>FixNation</i> Clinic (located north of Burbank airport)		How many reservations? _____	
_____ <i>Catnippers</i> ' High-Volume Clinics		How many reservations? _____	
15. Estimated # of feral cats in colony:		16. Estimated # of cats not sterilized:	
17. Estimated # of cats needing sterilization:		18. # of cats already sterilized by <i>Catnippers</i> / <i>FixNation</i> at this location: _____	
19. Sex of cats (if known):		20. Age of cats (if known):	
21. What can you provide for your feral cats? (check all that apply) Food <input type="checkbox"/> Water <input type="checkbox"/> Shelter <input type="checkbox"/>			
22. Is there a veterinarian that you are currently working with? (check one) If yes, name/phone of vet: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>

Caregiver Trapping Experience

23. Can you provide adequate overnight pre- and post-surgery care for the trapped cat(s) in a safe, well-ventilated location (e.g. laundry room, bathroom)? (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Can you safely transport the trapped cat to and from the vet? (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Do you have traps? (check one) If yes, how many?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. If you need to borrow traps, please select your location preference to pick up traps and attend a 20-minute trapping workshop: (check one)		
_____ Pasadena _____ Alhambra _____ <i>FixNation</i> Clinic		
27. Which date would you like to begin trapping?		
28. Which days of the week do you prefer to go to the <i>FixNation</i> clinic? (please check all that apply) Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Any Day <input type="checkbox"/>		
29. How long do you estimate it will take to TNR your entire colony? (please check one) _____ 1-2 days _____ 1 week _____ 2 weeks _____ 3 weeks _____ Other: _____		

Special Concerns

30. Are all the cats at least 10 weeks old and weigh at least 2 lbs.? (Underweight cats are not eligible for surgery)	Yes ___	No ___	Unknown___
31. Is any cat pregnant? (check one) If so, the kittens will be humanely aborted.	Yes ___	No ___	Unknown ___
32. Is any cat nursing/lactating? (check one) If so, please wait until the kittens are four weeks of age before trapping the mother.	Yes ___	No ___	Unknown___
33. Have you received and reviewed the following documents from <i>Best Friends Catnippers / FixNation</i> ?			
1. Humane Trapping Information	Yes ___	No ___	
2. <i>FixNation</i> Clinic Drop-Off and Pick-Up Information	Yes ___	No ___	
3. <i>Catnippers</i> High-Volume Clinic Drop-Off and Pick-Up Information	Yes ___	No ___	
4. Post-Surgery/After-Care Information	Yes ___	No ___	
<i>Note: If you need these documents, they can be located at our websites – or we can mail them to you.</i>			
34. Are you working with or have you worked with any other group or individual(s) for TNR assistance? If yes, please identify group or person: _____	Yes ___	No ___	
35. Special notes or anything you would like <i>Catnippers / FixNation</i> to know about your feral cats' situation: _____ _____			

Caregiver Confirmation/Signature

By signing this application form, I confirm that the cat I am trapping is feral (wild, stray) to the best of my knowledge. I agree to humanely trap the feral cat, adhering to the guidelines set forth by *Best Friends Catnippers / FixNation* in this application, which include the following:

- I will take the cat to the appropriate clinic in a humane cat trap (no pet carriers or boxes).
- I will ensure that the trap is lined with newspaper.
- I will ensure the trapped cat is covered with a trap cover or towel **at all times** to keep it calm.
- I will **never** leave the trap out overnight or unattended.
- I will make sure that the cat does not have food or water after midnight the night before surgery.
- If I trap two or more cats in one trap, I will not attempt to release any of them, but instead will bring them for surgery with enough empty traps for each cat so they can be separated by the veterinarian after surgery.

initials **I understand that the cat's right ear will be eartipped for identification purposes.**

Caregiver Signature

Date

Note: Feral cat colony location is required for data that *Best Friends Catnippers / FixNation* compiles for its long-term study on the effects of Trap-Neuter-Release (TNR). In addition, the City of Los Angeles (LA) requires this baseline information for its new pilot voucher program for feral cats. The City of LA, Department of Animal Services needs to demonstrate the positive effectiveness of this pilot program to retain funding. *Catnippers / FixNation* has received assurances from Animal Services management that the City of LA will not use this information for any other purposes and that it is only being compiled for general statistical purposes, as described. *Catnippers / FixNation* would not offer feral caregivers the City of LA vouchers if we had any reason to believe that your cats' welfare would be jeopardized. We ask for your cooperation in providing the requested information.

TO RECEIVE FUNDING ASSISTANCE, DO NOT TRAP WITHOUT AUTHORIZATION.