**Community Cat Caretaker Registration Form**

If you live in the City of San Angelo, you may register your community cat colony with Critter Shack and receive the benefits and protection under the City of San Angelo City Animal Control Ordinances, Article 3.05. Please provide the following information:

|  |  |
| --- | --- |
| Primary Colony Caretaker Name |  |
| Address of Colony |  |
| Phone |  |
| Email Address |  |
| Secondary Colony Caretaker Name |  |
| Name |  |
| Phone |  |
| Email Address |  |
| Sponsor Group | Critter Shack Rescue |

Are you aware of any neighbors who may have a concern about a TNVR program in the neighborhood or community cats in general? Yes \_\_\_ No\_\_\_

If yes, explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please note:** You must receive permission of neighbors and/or local businesses in the location of the colony to be approved. Critter Shack will provide you with resources to offer to neighbors and local businesses to help with the approval process.

**Community Cat Colony Census**

When completed either email to shalfmann12@gmail.com or mail to: **Critter Shack Rescue,** P.O. Box 192, Wall, TX 76957

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Colony Caretaker |  | Email |  | Phone |  |
| Colony Location |  | Location Zip Code |  | Colony Start Date |  |
| Report Date |  | #of cats |  | # of kittens |  |
| # of TNRs done |  | # of deaths |  | #disappeared |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Color | Breed | Sex | TNR date | Rabies Vaccination # | Microchip # (optional) | Description of Cats and Notes |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

(Add/insert more rows if needed)

**Cost**

At this time, we are seeking grants to support a full scale TNR program. Caregivers of community cats will be offered a special rate of $45/55 (male/female) for spay/neuter, rabies vaccinations, and ear tipping at our Spay Neuter Clinic. Additional medical expenses required are the responsibility of the colony caregiver(s).

**Acknowledgement**

I certify that to the best of my knowledge, all cats in the colony described are unowned community cats. I certify that all the information I have provided is true. I agree to monitor and be the primary caregiver of food, water, shelter for this colony. I understand and agree that any veterinary care beyond the TNVR services provided by Critter Shack Rescue will be at my own option and expense. I agree to operate within the ordinances of the City of San Angelo, Texas. If for any reason I am unable to perform these duties, I agree to notify Critter Shack Rescue within 24 hours. I understand and agree a Critter Shack Rescue representative may periodically contact me to visit the colony to monitor status and conditions for statistical and TNVR research data.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Signature (Applicant)

Critter Shack Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Definitions:**

**Colony sponsor**: Approved animal rescue or humane society that you are working with to manage your colony.

**Colony caretaker:** Any person who provides food, water, shelter and medical care to and traps, sterilizes, and vaccinates a community cat or cats and who is approved by a sponsor to care for a community cat colony.

**Colony location:** Where the colony is located. This can either be the address where the primary feeding station is located or the nearest street intersection for a larger neighborhood colony.

**Location Zip code:** The Zip code of the colony location.

**Colony start date:** The approximate date when the management of the colony started.

**Report date:** The date that this census document is being completed.

**Number of cats:** The number of cats currently believed to be in the colony. This includes “Number of kittens” and any new members.

 **Number of kittens:** The number of kittens believed to have been born in the colony in the last year. This also includes new kittens of unknown origin. This number is included in the “Number of cats”.

 **Number of TNRs done:** The number of “Trap, Neuter, and Release” done in the last year. If this is the first time the colony has been counted then this will be the number of cats currently in the colony who have had TNR.

**Number of deaths:** The number of verified deaths in the last year. This requires actually finding the body.

**Number disappeared:** The number of cats included in the last census that are no longer in the colony.

 **Color:** Basic color(s) of the cat. Tan, Orange, Gray, Black, White, Calico. For multi colors use short form, B/W, G/W, etc. Solid, dull and bright can also be included.

**Breed** Most are actually mixed breeds so an exact breed is not needed. The basic breeds are Domestic short hair (DSH), Domestic long hair (DLH), Black and white (B/W), Tabby, Tortoise shell (Torti), Calico, Siamese.

 **Sex:** Gender, if known.

 **TNR date:** Date TNR done. If this cat has not been done please enter “NO” to indicate this cat has not been trapped.

 **Rabies vaccination #:** Most community cats will not have rabies vaccination tags or numbers. It will be assumed that it has been vaccinated if it has been TNR’d.

 **Microchip #:** Most community cats will not have microchips and is optional. However, having the community cat microchipped will help with positive identification if the cat is trapped and impounded.

 **Description of cat and notes:** Extra information on cat including vet visits, health issues, condition, or further identification information.