



Caregiver Application

Caregiver Information

Caregiver Name:

Address:

City:

State:

Zip:

County:

Email:

Home Phone:

Work Phone:

Cell Phone:

The following information is for statistical analysis and is not used for qualification purposes.

Have you used FCCO services in the past? (Click to select box at right) Yes No

How did you hear about FCCO?

How much can you donate per cat for our services? \$

Our suggested donation is \$30/cat

Household income: <\$25,000 \$25,000 to \$50,000 \$50,000-\$100,000 \$100,000+

Qualification Data

To the best of your knowledge do these cats have an owner? Yes No

I am feeding the cat(s) on a regular basis: Yes No

I have been feeding the cat(s) for more than 2 weeks: Yes No

I know of other people who are feeding the cats: Yes No

I am the property owner where the cats are living/being fed: Yes No

I have legal access/permission to trap on the property where the cats are frequenting: Yes No

The cats can be returned to this location after surgery: Yes No

I will commit to continuing to feed the cats after they are returned: Yes No

Colony and Trapping Information

Colony location:

Estimated number of cats in colony:

How many cats are not spayed or neutered?

Estimated number of kittens less than 4 months old:

Gender of cats, if known. Male: Female:

I have trapped cats before: Yes No

I have traps: Yes No

If yes, how many?

I can provide a safe, warm (cool in summer) location for trapped cats pre and post: Yes No

I can transport the cats to and from the clinic: Yes No

I will need trapping assistance: Yes No

If yes, what kind?

Which days of the week do you prefer to come to a clinic? Friday Sunday Either

Any specific details we should know about your colony?

Confirmation

By initialing and submitting this application, I confirm I am feeding feral or stray cats who are not living as part of a human family, and that the cat(s) will continue to receive food, water and necessary care on a regular basis when they are returned to where they were trapped.

(more)

Next Steps

After we receive your application, you will receive a follow up call. You do NOT have an appointment for a clinic until you have spoken with us on the phone. We will email you clinic documents, directions, and further trapping information. You will need to download, print and read these documents thoroughly and bring your signed Anesthesia Release Form with you to the clinic.

If you use an Internet email service such as Hotmail or gmail you will need to save this application and email it as an attachment to cats@feralcats.com. You may also print the application and mail it to FCCO, PO Box 82734, Portland, OR 97282.

Thank you for caring about feral cats and for spaying/neutering.