

CARETAKER MEMBERSHIP APPLICATION

Mail completed form to: Feral Cat Caretakers' Coalition, P.O. Box 49122, Los Angeles, CA 90049-9244 – Please print or type.

Caretaker Information:

Primary Caretaker:

First Name	Middle Name	Last Name	
Street Address	Apt Number	City	
State	Zip Code	Home Phone	Work Phone
Cell Phone	Email Address		

Secondary Caretaker:

First Name	Middle Name	Last Name	
Street Address	Apt Number	City	
State	Zip Code	Home Phone	Work Phone
Cell Phone	Email Address		

General Information:

Are you presently caring for feral cats and kittens _____? If not, have you done so in the past? What was your reason for discontinuing care _____

If you are presently caring for feral cats or kittens, please indicate ages the number of adults _____ kittens _____ Do you foster _____? Do you keep records _____? Do you have volunteers to help _____? If so, is your volunteer help adequate _____?

If not explain _____

Do you practice trap, neuter, vaccinate and return _____? If not, explain _____

How often are the cats fed _____? Indicate if they are fed dry _____ canned _____

Do you feel they are adequately fed _____? If not, explain why _____

What are your estimated expenses for cat food each month _____ any particular brands you use most frequently _____

Do you receive food donations or assistance for food expenses _____?

If so, from what source _____

_____ Do you consider your feral cats to be healthy _____?

If there are some health problems, what would you consider the most common _____

Do you treat these or other health problems on site _____? If so, explain how you do this and what remedies you use _____

Do you personally pay for trap, neuter, vaccinate and return _____? If not, from what source do you receive assistance, if veterinary or clinic, please give name and address _____

_____ What are your veterinary bills each month _____ year _____?

Do you pay for additional veterinary costs, boarding, etc. _____? Do you receive help for these expenses and if so from what source _____?

Are the feral cats and kittens (colony) located near you _____? If not, how far do you travel to care for them _____?

What form of transportation do you use _____?

Is the area where your cats are cared for friendly _____ or hostile _____?

Explain _____

Is shelter available for the cats at their home site _____? Please explain in detail what type of shelter is available on the premises or what type of shelter you have provided _____

_____?

Do you feed on your property or on someone else's _____?

Are there rescue groups in your area that you can contact in case of an emergency situation with your cats _____? Please provide one source _____

Do you feel you have the support and understanding from your neighbors and community in caring for your feral cats _____? If not, explain _____

In your estimation, what is most urgently needed in your area to successfully accomplish, TNVR

If you could do something to improve the lives of feral cats, what suggestions do you have that could make a difference? _____

We thank you for sharing this most important information with us. Please feel free to copy and distribute to any other feral cat caretakers or persons who would be interested in joining us.

Caretaker Membership fee is \$15.00 or Other \$_____. Please mail the form and your check directly to the above noted address. If you cannot afford the fee, just send in your application as someone who cares and wants join a heartfelt group of individuals working to make things better for the feral cats.

Caring for those who care.

Feral Cat Caretakers' Coalition

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