

Greenville Community Cat TNR Tracking Tool



Caregiver Information:

Name: _____
Cell Phone: _____ Secondary contact: _____
Email: _____
Address: _____
(copy of picture ID to be on file with colony information)

Colony Information:

Street Address: _____
Property Owner: _____
Description of Location _____

Year Colony Originally Founded: _____
Date Current Colony Approved: _____ Date Implemented: _____

Total Number of cats in colony (initial):

Adult male: _____
Adult female: _____
Kittens: _____

Total Number of cats in colony (final):

Adult male: _____
Adult female: _____
Kittens: _____

(It is highly inadvisable to add cats from other locations to original colony which could increase animal injuries and nuisance complaints)

Veterinarian/Clinic performing medical care:

Name : _____
Phone number: _____

Personal trap ID numbers: _____

Feeding Schedule: (All food/food bowls/source of food removed after 30 minutes):

Cat's Name	Labeled Photo Attached Y=Yes	Color/ Markings/ Hair length	Sex: M/F	Age	Date Trapped (by whom)	Surgery N=Neuter S=Spay E=Eartip	Veterinary care/date	Vaccinations/Tests R=Rabies Tag# F=FVRCP N=negative FIV/FelV (12 mos+)	Outcome: R=Returned A=Adopted/Fostered E=Euthanized/explain D=Deceased O=Other/explain

This form is required to be submitted to APS every 3 months or at the request of APS

