



Application for Caretaker Support

Please refer to Our T-N-R Policy before completing this application.

Available on our website (www.felinefriendsks.com) or enclosed, if you received application by mail

Date: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Telephone Number(s): _____

How many cats do you feed, not including personal pets? _____

How many of the cats are feral? _____

(Feral - a domestic cat that was lost or abandoned and has reverted to a wild state, or a cat that was born outside to a stray or feral mother and has had little or no human contact)

How many are strays? _____

(Stray - a domestic cat that strayed from home and became lost or abandoned. Because a stray cat was once a companion animal, he or she can usually be re-socialized and placed in an adoptive home)

Would you describe these cats as a feral colony? _____

(Feral colony - a group of free-roaming cats living in a specific geographical location)

Type of Assistance Requested (please check all that apply):

____ Assistance with trap/neuter/return program ____ Health Evaluations

____ Administering medications ____ Trap sick/injured cat(s)

____ Food

Please list any other type of support that you are requesting: _____

Friends of Felines requests a donation for each cat that we trap, neuter and return. Are you able to meet the full donation amount (see Our T-N-R Policy)? If not, how much are you able to pay?

Our goal is to trap, neuter, and return feral cats to long-term, humane managed care situations.

All of the information that you provide to Friends of Felines is confidential.

The Board of Directors reviews all Caretaker Support Requests. You are not required to be a member of our association to receive assistance.

This application may be completed and submitted on our website or mailed to:

Friends of Felines
717 N. Commercial
Sedgwick, KS 67135

If you have any questions, you may contact us by email at ray@felinefriendsks.com

Follow up done by: _____ Date: _____

Recommendations: _____

Board of Directors Review Date: _____

Board Action: _____

Board Chair: _____

Board Member: _____