



PO Box 1442
Parkersburg, WV 26102-1442
www.saveakitty.org

REQUEST FOR ASSISTANCE FORM
FERAL & FREE-ROAMING COLONY MANAGEMENT
(TRAP, NEUTER, RETURN)

Date _____

Name _____

Address _____

Home Phone _____ Cell _____ Work _____

How many cats/kittens are you caring for? Cats _____

Kittens _____

Where are they located? (Specific Location of colony?)

If they **are not** on your property, do you have permission to care-take them from the property owner? () Yes () No

Are any of the cats/kittens tame? () Yes () No

You will be asked to sign a release form for the cats' surgeries and agree to have the cats/kittens **ear-tipped** in order to participate in our program. **Ear-tipping** is a universal sign for a sterilized cat that is being cared for by someone. It is performed under sedation while the cat is sterilized. You must also sign a "Trap Loan Agreement" if you wish to borrow our humane traps. **Our traps will not be used to transport any cats or kittens to the Humane Society for any reason.** Please sign and date this form below and return to Save a Kitty Feral Cat Program, PO Box 1442, Parkersburg, WV 26102. Your name and information will be added to our "Surgery Waiting List" upon receipt of all required documents. **Save a Kitty FCP provides payment for sterilization, rabies and upper-respiratory/distemper vaccines. Any other service provided is at the cost of the caretaker.** Please be patient. We will contact you prior to your turn. Thank you.

Signature _____

Date _____

NOTE: Save a Kitty FCP does not sterilize OWNED OR PET cats or kittens. Certificates are available through your local humane society for your pet cats.