

# FERAL CAT COLONY TRACKING SYSTEM



This form will enable you to identify and track the individual cats in your colony and chart the progress of your Trap-Neuter-Return program. **Please send us a copy** to help us gather statistics on feral cat colonies, which are vital to promoting the effectiveness of nonlethal control. Use the **Trap-Neuter-Return** procedures as recommended in **Alley Cat Allies'** factsheets.

**USE ONE FORM PER COLONY**

## YOUR INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## CAREGIVERS

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## COLONY INFORMATION

Name of colony location: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Year colony originally formed (if known): \_\_\_\_\_

## SETTING

Alley     Offices     Apartment     Residential  
 Park     Industrial     Other, describe \_\_\_\_\_

DATE CURRENT MANAGEMENT PLAN WAS IMPLEMENTED: \_\_\_\_\_

## TOTAL NUMBER OF CATS IN COLONY WHEN MANAGEMENT BEGAN:

Adult male: \_\_\_\_\_ Number of kittens homed: \_\_\_\_\_  
Adult female: \_\_\_\_\_ Number of tame cats removed: \_\_\_\_\_  
Kittens: \_\_\_\_\_ Number of cats euthanized: \_\_\_\_\_  
Number of cats remaining in managed colony: \_\_\_\_\_

## HAS REMOVAL OF THIS COLONY BY EUTHANASIA OR RELOCATION BEEN ATTEMPTED IN THE PAST? Yes No

Date of removal attempt: \_\_\_\_\_

## VETERINARIAN PERFORMING MEDICAL CARE

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

## FeLV/FIV TEST USED, IF ANY:

IDEXX In-house Combo SNAP     IFA (FeLV only)

Are all the cats in the colony **EARTIPPED** on the left ear?

Yes     No If no, why? \_\_\_\_\_

## DEFINITIONS

*Homed:* adopted into a household

*Relocated:* placed in a new outside setting

*Management:* sterilize adult cats and tame and/or sterilize kittens

NAME OF CAT	COLOR MARKINGS	SEX M/F	AGE	DATE TRAPPED (BY WHOM)	SURGERY N=NEUTER S=SPAY	EARTIP = ✓ (LEFT EAR)	VACCINATIONS R=RABIES TAG NUMBER D=DISTEMPER	FELV/FIV TEST Pos./NEG. (2ND TEST IN 30-90 DAYS?)	PARASITES TYPES, IF ANY?	FOSTERED BY WHOM & NOTES	R=RETURNED H=HOMED E=EUTHANIZED O=OTHER, EXPLAIN NOTES ON GENERAL HEALTH
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2											
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10											

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ALLEYCAT@ALLEYCAT.ORG • WWW.ALLEYCAT.ORG

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