

CAT WELFARE ASSOCIATION
Spay Neuter Assistance Program
741 Wetmore Road
Columbus, Ohio 43214

SNAP FERAL CAT APPLICATION

Please return this completed form to Cat Welfare at the above address.

Please enclose a \$10 application fee with your check or money order made payable to Cat Welfare Altering Fund.

At the time of surgery, you will pay \$10/surgery to the assigned veterinarian practice.

A feral cat is unsocialized to humans. A feral cat is a cat you cannot handle. A feral cat will need to be humanely trapped and arrive in a trap for their surgery. Only one cat per trap. All cats and kittens that receive surgery via this program will have their ear notched, NO EXCEPTIONS. Vouchers may ONLY be used by the person who is assigned the voucher.

Name _____ Date _____
Address _____
City _____ State _____ Zip _____ Phone _____

Email address: _____ (only if you want the voucher emailed to you)

Colony Address (if different from above) _____

Person trapping (if different from above) _____

Number of feral cats to be altered (Your best guess)? _____

Are there any friendly, unaltered cats in the colony? If yes, how many? _____

Do you have a post-surgery plan in place? _____

You will be issued a voucher with a 45 day window in which to complete the trapping. Please have a plan in place before you submit your application. Should your voucher expire and there are still cats you wish to have altered, please mail back the original voucher stating why all of the cats were not altered and your plan for the remaining unaltered cats. When you return the expired voucher, enclose a \$10 application fee for resubmission of a voucher.

Thank you for your application.
Please contact Gail H. at 268.6096 ext. 103 if you have any questions.

For Office Use Only:
Veterinarian _____ Date _____ By _____