



Sterile Feral Foundation

Promoting the Humane Management of Feral Cat Colonies

COLONY MANAGER REGISTRATION FORM

Please complete **BOTH** sides of this form and sign.

Mail this completed form to Sterile Feral Foundation P. O. Box 3413, Bloomington, IL 61702-3413
309-663-4406

Colony Manager Information

Date: _____ Home Phone: _____

Name: _____ Work Phone: _____

Address: _____ Cell Phone: _____

City, State, and Zip: _____

Email Address: _____

Colony Information

Total number of feral (wild) cats: _____ Number to be spayed/neutered: _____

Location of feral colony: (such as vacant lot on First Street between Madison and Oak streets)

Description of circumstances/history: (such as: my neighbor and I have been feeding these cats for four months...)

Request for Assistance

{ } request for assistance with Spay/Neuter

{ } request for loan of live traps

{ } other request _____

COMPLETE BACK OF FORM AND SIGN – THANK YOU!

Donation

{ } initial donation \$ _____

Note: Sterile Feral pays an average of \$65 per cat for vet services.

Colony Manager Certification

By signing this form, you agree to the following:

- I will continue to care for these cats after their release to their original colony location by providing food, water, and shelter.
- I will manage the colony responsibly and have all cats spayed/neutered.
- If I request the loan or a trap, I agree to pay a deposit of \$50 for one or \$75 for two. The deposit shall be held by Sterile Feral Foundation and returned to me upon the return of the trap(s) in good working order. The normal loan period is 14 days. Failure to return the trap(s) during this period will result in forfeiture of my deposit.
- I certify that I own the property identified above as the colony location. (If not, I have secured the property owner's/manager's permission as evidenced by his/her signature below.)
- I did not purchase the above identified cats nor obtain them from a shelter. They are "unowned" feral cats living outdoors and are under my care.
- Spay/Neuter vouchers provided by Sterile Feral Foundation will not be used for any tame/domestic cat.
- I will only trap feral cats for sterilization purposes or for medical treatment. I will not use the traps(s) to capture any cat with a home; to capture a healthy animal to be euthanized or turned over to Animal Control; or for any unlawful purpose. I will not capture any cat for research/testing purposes for profit or otherwise.
- I will indemnify and hold harmless the organization, Sterile Feral Foundation, and its agents and volunteers from any liability based on my participation in this program and release them from any claims and past, present, or future liability.
- The information contained in this application is true to the best of my knowledge.

Colony Manager's Signature: _____ **Date:** _____

Office use only

Approved by: _____ **Date:** : _____

Assigned Colony Number: _____

Notes: