

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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 ALLEYCAT@ALLEYCAT.ORG • WWW.ALLEYCAT.ORG

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