



TNR — Feral Cat Questionnaire

Your Name: _____

Your Address: _____

Your Contact Phone Number: _____

Your Email Address: _____

Location of Cats: _____

Approximate Number of Cats: _____ Are any cats inside? _____

Will they come to you? _____ Can you pick them up safely? _____

Are any of the cats already TNR'd / Spayed / Neutered / Ear clipped? _____

Are any cats sick or injured? _____ Please describe sickness or injury: _____

What time of day are cats mostly seen? _____

What time of day are cats fed? _____

Are you feeding the cats? _____ Are you willing to continue with feeding? _____

If not you, who is feeding the Cats? _____

Would they be willing to continue feeding? _____

IF KITTENS APPLY, PLEASE COMPLETE BELOW QUESTIONS:

Approximate Number of Kittens: _____

Are you fostering kittens in your home? If so, how many? _____

Are you fostering for another Rescue? _____ Name of Rescue: _____

How long have you been fostering these kittens? _____

Approximate age of kittens: _____ Are the kittens nursing? _____

What are the kittens eating? (kitten food, adult food, dry-hard, wet-canned, etc.) _____

Are you willing to continue foster the kittens? _____

If you are fostering inside, are you willing to release the kittens back outside with the mother?
(Spay/Neuter could be arranged with the Lee County Domestic Animal Services TNR Free program once the
kittens reach 4 .lbs or 4 months of age) _____

Please list any other valuable information or anything you want to pass along. Feel free to elaborate: