

CAT SCREENING FORM

This address is (check all that apply):

Personal Yard Private Residence Alley Vacant Lot Industrial Business
Commercial Business Apartment Complex/Duplex Park

How long have you been seeing this cat near this address? _____

Does this cat live: Indoors Outdoors Both Unknown

Have you seen any other cats or kittens near this address? If so, how many?

None Under 5 5-10 10+

Do you feel as though they are causing a nuisance at the location where they were found?

Yes No If yes, please describe: _____

Has the cat shown signs of sickness or injury?

Yes No If yes, please describe: _____

Do you know if this cat has nursing kittens? Yes No

Do you know if anyone owns this cat?

Yes No If yes, who? _____

Do you feed this cat or are you aware of any caregivers? Yes No

Do you know if anyone is/has provided spay/neuter for any cats? Yes No

Has this cat bitten anyone in the last 10 days? Yes No Unknown

Would you be willing to provide transportation for this cat if deemed eligible to be spayed/neutered and returned to community of origin?

Yes No

FOR STAFF ONLY:

Animal ID #:	Person ID #:	Date:

