

APPLICATION FOR BARN CATS OR FERAL CAT CARETAKER



P.O. Box 909 Lakeside, AZ 85929 368-5295

DATE: _____

I WOULD LIKE **BARN CATS** OR TO BE A **FERAL CAT CARETAKER**

Your name: _____

Your mailing address: _____

City, State: _____ Zip: _____

Home phone: _____ Cell phone: _____

e-mail: _____

Employer: _____ Occupation: _____

Physical address where cats will reside: _____

How many cats would you like to care for? _____ Please state any age, gender or other preferences? _____

The name of your veterinarian: _____

Are you financially able and willing to provide food, shelter, vaccinations, and medical care necessary for these cats? Yes No If no explain your limitations.

When you go out of town who will care for the cats? _____

If you are unable to continue to provide care for the cats do you agree to return these cats to the Humane Society? Yes No

Will you allow a shelter staff member to visit your barn, home or feral cat colony on occasion to check on the cats for purposes of outdoor cat data gathering? Yes No

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in the Humane Society of the White Mountains (HSWM) refusing adoption privileges to me/us. If my/our request for adoption is approved and later the HSWM discovers the above information is not true or correct, HSWM reserves the right to remove the adopted cat from my home/farm.

Signature _____ Date _____