

SALSA'S LEGACY RESCUE™

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TNR (Trap-Neuter-Return) Request Form

Requester Information

Full Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ **Email:** _____

Colony Location

Address or location of cats: _____

_____

Are you the property owner? ☐ Yes ☐ No
If no, property owner name & phone: _____

About the Cats

Approximate number of cats: _____ Adults: _____ Kittens: _____
Are any cats already ear-tipped? ☐ Yes ☐ No ☐ Not sure
If yes, how many? _____

Feeding Schedule

Are the cats being fed? ☐ Yes ☐ No
Who feeds them? _____
Feeding time(s): _____

Trapping Availability

Days/times you are available for trapping: _____

_____

Are you able to help with trapping? ☐ Yes ☐ No

Additional Notes

_____

_____

_____

Consent & Signature

I am requesting TNR (trap-neuter-return) help from **Salsa's Legacy Rescue** for the cats described above. I certify that the information provided on this form is true and complete, and that I own the property listed or have the property owner's permission for trapping.

Signature: _____
Printed Name: _____
Date: _____