



Community Cat Transport Request Form

Request Date	
Caregiver Name	
Caregiver Email	
Caregiver Contact Tel #	
How did you hear about SECCA and this Spay/Neuter Initiative?	
Have you ever used a Humane Trap?	
Have you ever used a Drop Trap?	
# of traps requested	
# of ADULT cats in the colony	
# of KITTENS in the colony, & approximate ages	
How long have you been caring for this colony?	
What time of day do you feed them?	
Do you intend to relocate any of the cats in this colony?	
If you intend to relocate, where will the cats be moved, and who will be caring for them at the new location?	
Address of current colony location	
Requested transport date	
Alternate transport date	
Additional notes, issues, concerns, needs:	
Estimated wait time (SECCA)	
Actual Transport Date (SECCA)	
Actual Alternate Date (SECCA)	

SECCA is agreeing to help community caregivers with sterilization of cats on the basis that you continue to care for the cats for the remainder of their lives, unless you become physically unable. If this should occur, SECCA should be contacted for assistance in providing alternate caregivers to manage the colony. SECCA also agrees to assist with locating appropriate foster homes for any kittens originating from colonies, until they can be adopted.

By signing this document you are agreeing that all the information provided is true and correct, and that you agree to abide by the conditions set forth in the above paragraph.

Signature

DL or State ID #

Date

Approved By: (SECCA)

Date