



Community Cat Companions Colony Registration Form

Name of Caregiver: _____

Street Address: _____

City/State/Zip: _____

Primary Phone: _____ Email: _____

Location of Colony (if different from above): _____

Street Address: _____

City/State/Zip: _____

Signature of property owner _____

Community Cat Companions does not share your personal information without your consent. The caregiver will be periodically contacted to update our records as to the status of the colony, per city ordinance.

Name of Cat	Description	Gender	Spay/Neuter (date)

* I consent to release my address to City Officials. Yes _____ No _____

This form is **REQUIRED** for colonies in Mentor, MOTL, Eastlake, Fairport Harbor, Willowick, or Wickliffe

This form may also be mailed to the address below or emailed to comcatcomp@gmail.com

Community Cat Companions, 225 E. 266th Street, Euclid, OH 44132