



**Kitchener Waterloo Humane Society Animal Hospital
Trap-Neuter-Return (TNR) Program**



Caregiver/Colony Registration Form

Please complete this form and submit to the KWHS in order to participate in our Trap-Neuter-Release program. Forms can be dropped off at the centre, or emailed to stacy.murphy@kwhumane.com

Primary Caregiver Information:

Name:	Certification program completed:	
Address:	City:	Postal code:
Phone number:	Email address:	
Name of associated rescue group(s) (if applicable):		

Cat Colony Information:

Location of colony (please include specific address and description ie. woods behind my house):	
Estimated number of cats in colony:	Estimated number of cats already spayed/neutered:
Do you provide food/water to the colony?	How long have you been caring for this colony?
Please provide a general description of the cats belonging to the colony (ie. 3 adult males, 4 adult females, 5 kittens under six months, etc):	

I have read and understood the KWHS TNR Program Information sheet and agree to operate within the program regulations.

Caregiver signature

Date