



# AlleyCATS Alliance

AlleyCATS Alliance Society Box 332, 113-437 Martin Street  
Penticton, BC, V2A 5L1 250-462-8195

Date: \_\_\_\_\_

## Feral Colony Info Form

**ESTIMATE PRIORITY LEVEL:**  1  2  3  4  5

|   |    |              |    |
|---|----|--------------|----|
| Name of Caller:   |    |              |    |
| Address:  |    |              |    |
| City/Town:  |    | Postal Code: |    |
| Email Address:  |    |              |    |
| Phone Number:   | H. | W.           | C. |
| Location of Colony:   |    |              |    |
| Caretaker in Place?   |    |              |    |
| Are you or someone else currently feeding the cats? <input type="checkbox"/> Yes <input type="checkbox"/> No  |    |              |    |
| Has there been shelter made available? <input type="checkbox"/> Yes <input type="checkbox"/> No   |    |              |    |
| Are you able to assist with trapping of the cats? <input type="checkbox"/> Yes <input type="checkbox"/> No  |    |              |    |
| Estimate of Number of Cats in Colony:   |    |              |    |
| Are there any signs of illness? <input type="checkbox"/> Yes <input type="checkbox"/> No  |    |              |    |
| Are the cats friendly? <input type="checkbox"/> Yes <input type="checkbox"/> No   |    |              |    |
| Have you handled any of the cats? <input type="checkbox"/> Yes <input type="checkbox"/> No  |    |              |    |
| How much are you or neighbours willing to contribute financially towards this project?  |    |              |    |
| Is there a Property/Building Manager we should notify? <input type="checkbox"/> Yes <input type="checkbox"/> No   |    |              |    |
| Name:   |    | Phone:       |    |
| NOTE: Requests for help will be handled in priority sequence as funding and resources allow. This order is determined by many factors: Willingness of people to assist in trapping and contribute financially, condition of cats, condition of environment, and other cases which may be more urgent. |    |              |    |