CAT COLONY TRACKING SHEET

Use this form to identify and track individual community cats in your colony and chart the progress of your Trap-Neuter-Return effort.

OPERATION
CATSNIP
ANIMAL RESCUE LEAGUE OF IOWA

CAREGIVER INFORMATION

Name _____

Cell Phone _____ Other Phone _____

Email_____

Street Address _____

City _____State_____Zip_____

COLONY INFORMATION

Name of Colony _____ Name of Location _____

Cross Street _____

Street Address _____

City _____State_____Zip_____

Year colony formed (if known) _____

Setting ☐ Alley   ☐ Offices ☐ Apartment ☐ Residential ☐ Rear of Address ☐ Park

☐ Industrial   ☐ Other _____

Date Current Trap-Neuter-Return plan was implemented: _____

Total number of cats in colony after Trap-Neuter-Return is completed:

Adult Male _____Adult Female_____

Kittens _____Kittens fostered/adopted _____

Adult cats fostered/adopted _____Cats Euthanized_____

Number of cats remaining in colony_____

Are all the cats in the colony eartipped (left ear)? ☐ Yes ☐ No If no, why? _____

Has catch and kill or relocation been attempted with this colony in the past?

☐ Yes   ☐ No   ☐ Catch and Kill ☐ Attempt to relocate   Year attempted _____

VETERINARY/CLINIC INFORMATION

Name of Vet_____Name of Clinic _____

Phone_____ Email _____

Street Address _____

City _____State_____Zip_____

ADDITIONAL CAREGIVER/TRAPPER INFORMATION

Name _____

Cell Phone _____ Other Phone _____

Email_____

Street Address _____

City _____State_____Zip_____

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Name _____

Cell Phone _____ Other Phone _____

Email_____

Street Address _____

City _____State_____Zip_____

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NOTES_____

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NAME	COLOR MARKINGS	HAIR LENGTH	M/F	AGE (include weeks for kittens)	DATE TRAPPED	TRAPPER	SURGERY N=Neuter S=Spay	EARTIP	VACCINES	MICROCHIP BRAND & ID NUMBER	OUTCOME R=returned A=adopted/ fostered E=euthanized O=other	NOTES

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