



A FRIENDS OF STRAYS PROGRAM

**FOR IN OFFICE USE ONLY:**

Trap # \_\_\_\_\_ ID # \_\_\_\_\_ Employee Name \_\_\_\_\_

Description (color/breed) of cat \_\_\_\_\_

SCANNED? YES NO Microchip number: \_\_\_\_\_

Is cat injured/sick (does Vet staff need to be involved) YES NO

Notes: \_\_\_\_\_

***\*For serious illness or injury, we recommend taking the cat to a full-service vet. Under this program, Friends of Strays only provides spay/neuter, vaccines, flea treatment and deworming.***

**MEOW Now – Self Trapping Community Cat Intake Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**The average cost for TNVR services is between \$30-\$80. How much would you like to donate for this service:**

☐ \$10 ☐ \$20 ☐ Other Amount \_\_\_\_\_ ☐ Cash \_\_\_\_\_ ☐ Card \_\_\_\_\_

**Location where cat was found (if exact address unknown, include nearest cross streets):**

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

**This address is (check all that apply):**

- ☐ an alley ☐ an abandoned building ☐ a business ☐ a vacant lot  
☐ a park ☐ a private residence ☐ an apartment complex ☐ a mobile home park

Please help us by answering the following questions:

1. How long have you seen this cat in the area? \_\_\_\_\_

2. Has this cat been nursing kittens? YES NO UNSURE

3. Does the cat appear to have any injuries or signs of illness? YES NO

If yes, please describe \_\_\_\_\_

4. If the cat is under 4 months, do you agree to release the kitten exactly where you found him or her?

☐ YES ☐ NO ☐ N/A **(Per Pinellas County code, all cats must be returned within 300 feet of where trapped, and should not be released within 150 yards of a park, conservation land, beach, or school)**

5. Have you observed other stray cats in the area? YES NO

If yes, estimate how many adult cats \_\_\_\_\_ and how many kittens \_\_\_\_\_

Please indicate your preferred pickup time by checking an option below:

☐ **Day of surgery between 3:30pm-5:30pm (surgery is typically the day after drop off)**

☐ **Day after surgery between 10am-12**

Intake Agreement

I agree to relinquish this cat to the care of Friends of Strays Animal Shelter for the purpose of their TNVR program. I understand and acknowledge the following:

- This program is not intended for owned pets or cats you wish to see adopted. The program is intended for cats that live outdoors and will continue to live outdoors after receiving TNVR services.
- Medical records including proof of vaccination will not be provided.
- Friends of Strays is not responsible for the loss of personal items in traps such as dishes, towels, and blankets.
- The following outcomes besides TNVR are possible for this animal: transfer to a rescue group, kept at the shelter for adoption, or humane euthanasia if deemed necessary by Friends of Strays.

I release Friends of Strays Animal Shelter staff and volunteers from all liability and agree this cat has not inflicted a bite to a person within the last 10 days to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**- TRAPPER PICK UP CONFIRMATION**

**TRAPPER SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_