

**FERAL CAT COLONY CARETAKER AGREEMENT**

As a feral cat colony caretaker, I agree to the following guidelines set forth by the Concerned Citizens [CCA] for Animals Feral Cat Colony Program [FCCP].

I understand I must qualify for this program and must follow the guidelines listed below to participate and remain eligible.

1. I agree to meet with an FCCP coordinator in order to determine eligibility of my colony, and ensure I understand the program and its procedures. I understand my acceptance into this program is subject to inspection and approval of my colony by an FCCP representative. I also agree to watch a 40 minute training video.
2. I understand if I remove any cats or kittens from my colony, I am responsible for them and they are no longer eligible for the FCCP, being neither feral or part of the colony.
3. I agree to obtain the property owners permission to allow my colony to remain on his/her property.
4. I agree to notify the property owner and any surrounding residents of my plan to trap, spay/neuter, vaccinate and return each cat to the colony. This will ensure that everyone is aware of my plan and reassure anyone concerned about the cat's welfare that I do not intend to trap and euthanize the cats. It will also give owners of any outdoor cats in the vicinity the opportunity to bring them in so they will not be accidentally trapped during my colony's TNR.
5. I will identify and coordinate activities with all other feeders of my colony to make them aware of the program and to ensure the cat's feeding schedule is maintained, especially several days before the trapping.
6. I agree to participate in my colony's TNR Veterinary event wherever needed (trapping, transporting, recovery, etc.). NOTE: More than one TNR event may be necessary to trap every cat in the colony. The TNR event includes testing for Feline Leukemia and FIV, rabies and FVRCP vaccinations, spay or neuter, parasite treatment, infection or injury treatment, and left ear tipping. I understand if any cat tests positive for Feline Leukemina or FIV, or the veterinarian believes the cat is too severely handicapped to survive in the colony, it will be humanely euthanized. This program includes only one visit per cat. If any cats in my colony require medical treatment after the TNR, I will contact an FCCP representative for advice. I understand financial help may not be available from CCA or FCCP after my colony's TNR.
7. After the TNR event, I agree to return FCCP property (traps, carriers etc.) properly cleaned and sanitized in accordance with guidelines set forth by an FCCP representative.
8. I will provide fresh food and water daily for my colony throughout its natural life. I will provide clean dishes and remove any trash or residual food daily. I will also ensure that my colony has adequate shelter. I am aware this program may offer shelters and covered feeding stations (subject to availability) should I need either.
9. I will maintain an up-to-date list of all cats and kittens in my colony. This will ensure I am aware of any new cats that join the colony. If a new cat joins the colony after it has been stabilized, I will promptly contact an FCCP representative to make arrangements to TNR the cat.
10. In the event I am unable to care for the colony (vacation, illness, or moving), I understand that I am responsible for contacting someone I trust to fulfill my duties. I understand that my colony depends on me for its care and I must network with other caretakers to find someone who will help care for my colony if one of these situations occurs.
11. In the event my colony is in imminent danger and must be relocated, I will contact an FCCP representative for possible relocation sites. I agree I will follow the guidelines provided to me by the FCCP representative for properly and successfully relocating a colony.
12. I understand that continuing support of my colony, and the FCCP program generally, is subject to available funding and volunteer assistance, and may be discontinued in the future. To show my support for the Feral Cat Colony, I agree to make a donation to this program and or to volunteer my time or talents for fund-raising activities.

Caretaker Name (print) \_\_\_\_\_

Phone (H)    Phone (W) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

No. of Cats \_\_\_\_\_ Location of colony \_\_\_\_\_

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

FCCP Rep. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail completed form to FCCP, P.O. Box 1103, Mauldin, SC 29662**

