TNR Caretaker Application

Hearts of Valor Rescue
Bianca Conway, Founder — bianca@heartsofvalorrescue.org

APPLICANT INFORMATION

Full Name: _____
Address: _____
City / State / ZIP: _____
Phone Number: _____
Email Address: _____
Preferred Method of Contact: ■ Call ■ Text ■ Email

LOCATION OF CAT COLONY

Address / Intersection: _____
City/Area: _____
Is this your property? ■ Yes ■ No
Permission from owner? ■ Yes ■ No ■ In Progress
Owner/Manager Name & Contact: _____

ABOUT THE COLONY

How long has colony been present?
■ <3 months ■ 3–6 months ■ 6–12 months ■ >1 year ■ Unknown
Estimated number of cats:
Adults: _____ Juveniles: _____ Kittens: _____
Fixed (if known): _____
Friendly/adoptable cats: _____
Any sick, injured, or pregnant cats? ■ Yes ■ No
Details: _____

FEEDING & CARE ROUTINE

Do you feed the colony? ■ Yes ■ No
Feeding schedule: _____
Food type: _____
Shelter provided? ■ Yes ■ No
Shelter description: _____

TNR EXPERIENCE & NEEDS

Participated in TNR before? ■ Yes ■ No ■ Some
Do you have traps? ■ Yes ■ No Quantity: _____
Need trap loan? ■ Yes ■ No
Transport ability: ■ Yes ■ No ■ Sometimes
Need transport help? ■ Yes ■ No
Comfortable holding cats pre/post-surgery? ■ Yes ■ No ■ With help

SUPPORT NEEDED

Support requested (check all):
■ Traps ■ Appointments ■ Transport ■ Food ■ Shelters
■ Medical help ■ Training ■ Other _____

ACKNOWLEDGMENT

I certify the above information is accurate and agree to remain caretaker unless agreed otherwise.
Signature: _____ Date: _____