# Feral Cat Trap-Neuter-Return Application

Thank you for your interest in our Trap-Neuter-Return program, otherwise known as TNR. This program is designed to help all of us to do our part to relieve the feral cat overpopulation. The program is open to residents of Latah County who are in need of financial help. All the money for this program comes directly from The Humane Society of the Palouse.

The Humane Society of the Palouse, Inc. subsidizes this program and depends on donations to keep it afloat. Therefore, we ask that you apply for coupons only if you are truly in need of assistance in getting feral cats sterilized. All feral cats that go through our TNR program will be spayed/neutered, ear-tipped, and vaccinated. **This program is not for owned pets.**

Each household may apply for a maximum of **4** coupons during a 12-month period. TNR services are available as our funding allows it. Each coupon is valid for one month. Coupons will only be issued for veterinary clinics participating in our TNR program.

# Please fill out the bottom portion of this form and mail it to: HSoP TNR

# 2019 E. White Ave.Moscow, Idaho 83843Coupons cannot be used for past services.

I need assistance for the following feral cats (if gender is unknown, please leave blank):

|  |  |  |
| --- | --- | --- |
| 1.  |   |   |
|  |  |  |
| Name of animal | Gender | breed/color |
| 2.  |   |   |
| Name of animal | Gender | breed/color |
| 3.  |  \_\_\_ |   |
| Name of animal | Gender | breed/color |
|  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | \_\_\_\_\_\_\_\_\_\_\_ \_\_\_ |
| Name of animal | Gender | breed/color |

Participating veterinary clinics are:

Cedar Veterinary Hospital (208)882-1772 and North Palouse Veterinary Clinic (208)875-1096

What clinic will you take your feral cat(s) to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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