



Trap, Neuter and Return Application for Eligibility and Review Questionnaire

To help control the overpopulation of feral and stray cats in our community, the City of Greater Sudbury (CGS) is providing a Trap, Neuter and Return (TNR) reimbursement program.

Because TNR is conducted in a variety of ways this questionnaire will provide an understanding of the TNR activities your rescue group will be taking on.

Please answer the following questions to the best of your ability.

Part 1 – Group Information

Organization

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

Mailing Address: (if different from above)

Primary Contact(s): (Please include the name and phone number of each person)

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Emergency contact information:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Rescue group members/ Board of Directors or Executive Members and their information: (please attach a list if needed)

Name: _____

Telephone Number: _____

Email Address: _____

Name: _____

Telephone Number: _____

Email Address: _____

Name: _____

Telephone Number: _____

Email Address: _____

Is the organization incorporated as a non-profit organization with Ministry of Consumer & Business Services (Ontario)?

- Yes Registration number: _____ date: _____
 No

Is the organization registered with the Canada Revenue Agency as a charity?

- Yes Registration number: _____ date: _____
 No

How long has the organization been in existence? _____

How many members are part of your organization? _____

Please describe the organization's membership criteria:

Please list and provide a detailed description of the activities, programs and services delivered by the organization:

Part 2 – TNR Information

Does the organization currently manage and conduct any other TNR events in other municipalities?

Yes

No

If yes, please describe:

How many cats are you planning to trap per month? _____ per year? _____

How many cats will you be spaying or neutering? _____

How do you plan on notifying neighbours to ensure owned cats are not trapped?

How are Colony caretakers verified and approved by your rescue group?

What will be the frequency of site visits to colonies to check on the welfare of the cats?

Do you have an animal vet clinic or vet that is willing to work with you for spays/neuters?

Yes

No

If yes, please provide veterinarian information and frequency of schedule for TNR cats.

Eartipping, microchip implants and vaccinations must be provided to each cat. Please describe the aftercare of the TNR cats including where the cats will be kept for postoperative recovery?

Have you conducted TNR before?

Yes

No

If yes, please provide locations.

Please provide the location of the colony where your group will be performing TNR.

Do you have a plan for more than one colony?

Yes

No

If yes, please provide trapping dates, locations and the size of each colony.

For kittens (approx. less than 1 year in age), please describe your plan to rehome from the colony.

We the undersigned, declare that all information provided in and with this statement is factual and correct. ***Please refer to the Municipal Freedom of Information and Protection of Privacy Act section 8.8 (1) for disclosure information.*

Name: _____

Signature: _____

Title: _____

Date: _____

For further information or inquiries please call

By-Law Coordinator, Animal Care and Control

Local: 311

Outside Greater Sudbury: (705) 674-4455, extension 2433