

**Date:** **Sun City Cats Tracking Sheet/Colony Manager/ Caregiver Form (page1)**

Cat Information			To be completed by VETERINARIAN TEAM						
Cat #	Color/marking	Trapping date	Sex M/F	Age	*Surgery N=Neuter S =Spay	Ear Tip Right Ear ✓	Vaccines R=Rabies D=Distemper	Microchip Number	R=Released F=Fostered E=Euthanized O=Other, explain

**Colony Manager/Caregiver information**      **Trapper's Notes :**

**Name:** \_\_\_\_\_ **Trapping Address:** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Trapping Volunteers:** \_\_\_\_\_ **Veterinarian:** \_\_\_\_\_ **Vet Tech:** \_\_\_\_\_

**Drop- Off Volunteer:** \_\_\_\_\_ **Pick-up Volunteer:** \_\_\_\_\_

**Holding Area Volunteer:** \_\_\_\_\_ **Release Volunteer:** \_\_\_\_\_

**Date:** **Sun City Cats Tracking Sheet/Colony Manager/Caregiver (page 2)**

Cat #	Rabies	Distemper (FVRCP)	Microchip

**Colony Manager/Caregiver information:**

<b>Name:</b>	<b>Trapping Address:</b>	<b>ZIPCODE:</b>	<b>Phone #</b>
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**Alternate Colony Manager/Caregiver information**

<b>Name:</b>	<b>Phone #:</b>	<b>Trapper's notes:</b>
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Disclaimer: I hereby acknowledge that this is a free-Roaming (feral) cat. I am not the registered "owner" of the cat and understand that it is going through the TNR program. I release Sun City Cats, The City of El Paso, Humane Society of El Paso, volunteers of the TNR program and the designated veterinarian from any and all claims due to injuries to the cat and will not hold them liable in the event of the cat's demise.

**Print name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_