

**CAT WELFARE ASSOCIATION**  
**Spay Neuter Assistance Program**  
**741 Wetmore Road**  
**Columbus, Ohio 43214**

*SNAP FERAL CAT APPLICATION*

Please return this completed form to Cat Welfare at the above address.

**Please enclose a \$10 application fee with your check or money order made payable to Cat Welfare Altering Fund.**

**At the time of surgery, you will pay \$10/surgery to the assigned veterinarian practice.**

**A feral cat is unsocialized to humans. A feral cat is a cat you cannot handle. A feral cat will need to be humanely trapped and arrive in a trap for their surgery. Only one cat per trap. All cats and kittens that receive surgery via this program will have their ear notched, NO EXCEPTIONS. Vouchers may ONLY be used by the person who is assigned the voucher.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Colony Address (if different from above) \_\_\_\_\_

Person trapping (if different from above) \_\_\_\_\_

Number of feral cats to be altered (Your best guess)? \_\_\_\_\_

Are there any friendly, unaltered cats in the colony? If yes, how many? \_\_\_\_\_

Do you have a post-surgery plan in place? \_\_\_\_\_

**You will be issued a voucher with a 45 day window in which to complete the trapping. Please have a plan in place before you submit your application. Should your voucher expire and there are still cats you wish to have altered, please mail back the original voucher stating why all of the cats were not altered and your plan for the remaining unaltered cats. When you return the expired voucher, enclose a \$10 application fee for resubmission of a voucher.**

Thank you for your application.

Please contact Gail H. at 268.6096 ext. 103 if you have any questions.

For Office Use Only:

Veterinarian \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_