

Managing & Ending
Overpopulation Wisely



501c3
Non-Profit
No-Kill
Animal Shelter

Trap - Neuter - Vaccinate - Return (TNVR)

Crazy's TNVR

PO Box 672, Goldsboro, NC 27533

(919)394-5708

Web: <http://crazysclawspaws.wix.com/ccnp/tnr>

Email: ccnp.tnr@yahoo.com

EIN: 46-3169079

CCNP-TNVR Community Cat Tracking Tool (3 Months)

Caregiver Information (Picture ID copy to be on file with colony information)

Date: _____

Name: _____

Phone: (_____) _____ Alternate Phone: (_____) _____

Email: _____

Colony Information

Street Address: _____

Property Owner: _____

Location Description: _____

Year Colony Originally Founded/Caregiver began: _____

Total # of cats (INITIAL): _____ Adult Males _____ Adult Females _____ Kittens

Total # of cats (TO DATE): _____ Adult Males _____ Adult Females _____ Kittens

Spayed/Neutered (INITIAL): _____ Adult Males _____ Adult Females _____ Kittens

Spayed/Neutered (TO DATE): _____ Adult Males _____ Adult Females _____ Kittens

Definitions: **Adopted/Fostered:** Brought into a human home. **Relocated:** Moved from one outdoor setting to another in order to avoid imminent death. To be avoided at all costs/viewed as a last resort. **Euthanized:** Humane euthanasia administered by a veterinarian only when an animal is sick or injured and can NOT be treated. **Ear tipped/cropped:** Tip of the left ear removed indicating cats have been neutered and vaccinated.

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Cat's Name/ID	Labeled Color Photo Attached ✓ =Yes	C=Colors DSH=Domestic Short Hair DMH=Domestic Medium Hair DLH= Domestic Long Hair	Sex	Est. Age <u>OR</u> DOB	Date Trapped	Surgery N=Neuter S=Spay E=Ear crop	Vaccinations/Te sts R=Rabies Tag # F=FVRCP	Outcome R=Returned A=Adopted/Shelter E=Euthanized D=Deceased O=Other (Explain)
		C: DSH DMH DLH	M F	DOB: ____/____/____. ____W M Y	____/____/____.	N S E	F R#:	R A E D O:
		C: DSH DMH DLH	M F	DOB: ____/____/____. ____W M Y	____/____/____.	N S E	F R#:	R A E D O:
		C: DSH DMH DLH	M F	DOB: ____/____/____. ____W M Y	____/____/____.	N S E	F R#:	R A E D O:
		C: DSH DMH DLH	M F	DOB: ____/____/____. ____W M Y	____/____/____.	N S E	F R#:	R A E D O:
		C: DSH DMH DLH	M F	DOB: ____/____/____. ____W M Y	____/____/____.	N S E	F R#:	R A E D O:

Other Notes (Include Cat's Name): _____

Please submit this form to Crazy's Claws N' Paws every three (3) months.