



COMMUNITY CATS FUND

www.AdoptLansing.org/community-cats

CommunityCats@AdoptLansing.org

COMMUNITY CATS NEEDS ASSESSMENT FORM

First and Last Name: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Email Address: _____

Phone Number: _____

Do you rent or own the property you will be trapping on?

(circle one) **RENT** **OWN**

If you live in a rental situation (apartment, trailer park), please supply the manager's name and phone number:

All surgeries are performed at the CAHS Spay & Neuter Clinic at 5919 South Cedar Street, Lansing 48911. Are you able to transport the cats to and from that location?

(circle one) **YES** **NO**

Approximately, how many cats do you need help to trap and sterilize?

PLEASE USE YOUR BEST JUDGMENT/GUESS ON THE NEXT SERIES OF QUESTIONS:

Are any of the cats friendly? Can they be picked-up or moved inside a cat carrier without too much struggle?

(circle one) **YES** **NO** **I DON'T KNOW**

Do you think any of the cats are pregnant?
(circle one) **YES NO I DON'T KNOW**

Do you think any of the cats are nursing kittens currently?
(circle one) **YES NO I DON'T KNOW**

Do you think any of the cats or kittens are under 2-months-old or under 2 pounds in weight?
(circle one) **YES NO I DON'T KNOW**

Do any of the cats look sickly or injured?
(circle one) **YES NO I DON'T KNOW**

If you answered YES to the last question, please elaborate (goopy eyes, snotty nose, sneezing, coughing, diarrhea):

Will you need to borrow live traps to capture cats?
(circle one) **YES NO I DON'T KNOW**

After spay/neuter surgery, cats must be held overnight following surgery. They may be released the day following surgery. Because of the anesthesia, they are unable to regulate their body temperature and must be kept in a warm temperate area. Are you equipped to hold them in a warm, dry area following surgery?
(circle one) **YES NO**

Do you understand that ear tipping is mandatory for all cats who go through the CAHS Community Cat Program?
(circle one) **YES NO I DON'T KNOW**

Is there anything about your particular situation that is special or that you would like us to know?

Signature: _____ Date: _____

Please return this completed form to one of the following:

- Drop off at the CAHS Spay & Neuter Clinic, 5919 South Cedar Street, Lansing 48911
- Email to: CommunityCats@AdoptLansing.org
- Fax to: (517) 908-0758