



COMMONWEALTH OF MASSACHUSETTS FELINE REPORTING FORM

Finder/Trapper Information

Name: _____ Phone: _____

Email: _____ Alternate Contact: _____

Address: _____ City: _____ State: _____

Is this the location cat is currently? Yes No

If answered No above, please give holding location: _____

Feline Information

Date Found: _____ Method Secured: Trapped Other: _____

City Found: _____ State: _____

Cross Streets or Address: _____

Cat's Name: _____ Name on ID: Named by Finder:

Breed: _____ Approx. Age: _____

Sex: _____ Intact? Yes No Unknown

Description (coloring, unusual markings, scars etc.) _____

Fur: Short Medium Long Size: Small Medium Large

Eye color: Blue Brown Green Gold Other: _____

Temperament: Social/ Friendly Shy/Skittish Aggressive Other _____

ID Tag: None Number _____ ID Type: Rabies Other _____

Collar: None Type/Color _____

Microchip: None Number _____

Tattoo: None What / Where _____ Ear Tip? Yes No

Finder notes (health, possible owner etc.) _____

ACO Reporting Information

Municipality: _____ ACO Name: _____

Reporting Date: _____ Report Method: Phone Email Other _____

ACO Follow up Info

ACO Intake Yes No Date: _____

Possible Match: _____

Feline Outcome

Date: RTF Transferred/Relocated to _____

Other: _____