

Date: _____

MASSACHUSETTS ANIMAL FUND VOUCHER REQUEST FOR OUTDOOR CATS

Municipality _____ Animal Control Officer _____

Contact Information (Feeder/ Trapper)

NAME:	
ADRESS:	
PHONE:	
EMAIL:	

Location of the cat colony(please give exact address or two nearest cross streets):

Cat Colony Information

Total number of cats:		Number of Cats already fixed:		Number of unfixed cats:	
Do you feed the cats? What is the location of where they are fed?		Do you need assistance trapping?			
Do you know of any health issues in the colony?					

- Please note if friendly cats are trapped and are being placed through private shelter/rescue adoption programs they are not eligible for Mass Animal Fund Vouchers.

Priority: Yes No Reason:

Approved:		Date Submitted:		Date Received :		Date Issued:	
-----------	--	-----------------	--	-----------------	--	--------------	--