

**St Louis Feral Cat Outreach intake form**

Surgery Date:

For services at (name clinic/rescue):

Trapper name & phone #:

Director who authorized service:

Actual site address(es):

county, ward or CSB#: Name(s) & phone #(s) of pick up/drop off person(s):

Additional site/caretaker/rescue option info:

\* there are 3 components to naming cats for TNR, 1) the address cat was trapped at, 2) the consecutive number of that cat, and 3) the initials of the trapper, as follows:  
 name of cat = (house#)(streetname)(#ofcat)(trappers initial) i.e.: 4015Penny/Vania077Z, 322Garden03CO, 1607SGrand01KM, 10421Manchester37MC, 24Julian17TB, 24Julian18TB etc

name of cat (per TNR naming convention)	Sex	approx age	Color	Breed	Surgery	Vaccine	Other (et/mc, medical exam etc)	Zip Code	Trap#
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**Please fill out the St Louis Feral Cat Outreach feral cat handling form as completely as possible.**

Cats must be in traps, one to a trap and with a cover over the trap. Label both the trap and the trap cover (masking tape is fine) with the name (as explained below) of the cat. All STLFCO cats will be spayed/neutered and receive a rabies vaccination and a left ear-tip. At certain clinics STLFCO cats will receive a microchip. **STLFCO does not pay late fees or carrier fees.**

- **Date:** Use the date for the cat's surgery. In the case of cats going directly to rescue, use the trapping date.
- **For services at (name clinic/rescue):** This form is used at different veterinary clinics. Identify the clinic (or rescue) that the cats are receiving services at.
- **Trapper name & phone #:** Please write out the name & contact # of the person who trapped the cats.
- **Director who authorized service:** List the name of the STLFCO director with whom you have been coordinating your trapping site.
- **Actual site address:** We need to know where to return the cat if an ACC picks them up. More than one address can be written out on one handling form.
- **County/Ward/CSB:** Indicate the county that the cat was trapped in, no matter the state. If the cat was trapped in the county of St Louis City, please indicate the Ward of the trapping site. If the cat was trapped as a result of a Citizens Service Bureau report in the city, please indicate the report number.
- **Name(s) & Phone #(s) of pickup/drop-off person(s):** In the event of a complication the clinic may need to reach the transporter of the cats for schedule adjustment.
- **Additional site/caretaker/rescue option info:** Any additional information for the site, or if the cat(s) may be eligible for rescue options or to list caretaker info for us to match to a microchip.
- **Name of cat:** All cats who utilize STLFCO's accounts must follow STLFCO's naming convention. There are 3 components to this convention: the address of the trapping site, the consecutive number of the cats and the initials of the person trapping. Please do not use Rd, St, Ave, Blvd, etc, but do include that information in the actual site address. Trappers count cats from one site consecutively no matter the trapping timeline or the clinics/rescues involved. It is up to trappers to keep track of their numbers and to pick up where they left off. Use the initials of the actual trapper. Jane or John Doe trapping for the first time at 14206 Manchester Rd names the 1<sup>st</sup> cat 14206Manchester01JD, the second cat is 14206Manchester02JD etc. Trapping at 1944 Raft Dr, the first cat is 1944Raft01JD etc. In anticipation of double-digit cats, we use a leading zero for single digits.
- **Sex:** If known, indicate "M" for male, "F" for female, if unknown, leave blank. At clinics that do not generate paperwork, please ask the clinic to fill in the spaces on the form for you and to return the form post-surgery. Then turn the form into STLFCO for data entry.
- **Approx age:** Guess an approximate age if you do not know the actual age and indicate weeks, months or years. Please do not leave this blank.
- **Color:** Please let us know what the cat looks like. There are online charts for color/coat reference if cat colors are unfamiliar to you. Rather than just "tabby" please indicate brown tabby, grey tabby or orange tabby etc.
- **Breed:** DSH for domestic short hair, DMH for domestic medium hair or DLH for domestic long hair.
- **Surgery:** "S/N" for spay or neuter
- **Vaccine:** STLFCO will always pay for a rabies vaccination at any of the clinics we use. At some clinics, a caretaker may opt to "private pay" for fvrp (aka distemper) vaccine as well. STLFCO does not cover the cost of this extra vaccine.
- **Other:** "et/chip" for eartip and microchip. STLFCO has purchased microchips that some of our clinics will insert for us. We cannot budget for chips from other vendors. Caretakers may opt to private pay for chips at some clinics. List medical concerns for that the vet staff may need to examine, such as "limping on right front paw", "just finished nursing kittens 2 days ago", "sneezy" etc. Extra treatments may be authorized by a director of STLFCO. Use the line under each entry to elaborate as necessary. Also use that line to write the chip# for cats that go to clinics where we bring the chip along. Tape the microchip package to the trap of the cat it is for and write that chip number under the name of the cat on the handling form. After services are complete, turn the form into STLFCO.
- **Zip code:** zip code of actual site address. Especially useful if writing multiple trap site addresses on top of form.
- **Trap #:** if you borrowed a trap from STLFCO, the number of that trap is engraved on the top-plate near the handles.