



happy tails. happy hearts.™

Dear Citizen,

Thank you for your interest in the Humane Society of the Pikes Peak Region's Trap-Neuter-Return (TNR) program. This packet includes the Colony Manager Application and the Colony Manager Agreement. Please complete both forms in their entirety and email to sdunbar@hsppr.org or mail to:

Humane Society of the Pikes Peak Region - Pueblo Campus
Attn: Community Cat Coordinator
4600 Eagleridge Place
Pueblo, CO 81008

If your initial application is approved, you will be contacted for a site visit of the proposed colony location. Upon approval, you will receive a permit and additional training materials for managing your colony.

We appreciate your willingness to help care for cats in our community - we're better together!

Sincerely,

Sunny Dunbar
Community Cat Coordinator
Humane Society of the Pikes Peak Region - Pueblo Campus
719.404.5417 | sdunbar@hsppr.org

COLONY MANAGER APPLICATION

PUEBLO COUNTY

HSPPR's Trap-Neuter-Return Program is designed to appoint and sanction colony managers to care for and manage naturally occurring feral cat/community cat colonies within the City of Pueblo and Pueblo County. After reading the Colony Manager Agreement, complete this application and return it, along with photos of the proposed cat colony, dry shelter(s), and feeding location(s). If your application is approved, you will be contacted to schedule a site inspection. Following an approved site inspection, you will be registered as a sanctioned Colony Manager.

Colony Manager/Caregiver Contact Information

Name _____
Address _____
City, State, ZIP Phone _____
Email _____

Colony Location/Property Owner (if different from Caregiver)

Name _____
Address _____
City, State, ZIP Phone _____
Email _____

HSPPR provides low- or no-cost spay/neuter surgeries, rabies vaccinations, and ear tipping services (dependent on available funding) to sterilize naturally-occurring colonies of feral/community cats residing in Pueblo County, provided they are being managed in accordance with the guidelines set forth in our Feral Cat Colony Manager Agreement and Pueblo Municipal Codes regarding regulation of feral cats, where applicable. Citizens outside of the City of Pueblo but within Pueblo County must follow the same application and permitting process.

Questions? 719.404.5417 | sdunbar@hsppr.org

*Application must be signed by property owner.

1. How do you describe the outdoor property where the cats live?

Single Family Dwelling Condominium Rental Housing

Mobile Home Working Farm, Commercial, or Public Site – Name of Property: _____

2. Do you live on this land? Yes No

If no, what is your relationship to the property?* _____

3. Do you feed cats at any other locations than the one listed on the application? Yes No

If yes, where? _____

4. How long have you been feeding this colony? _____

5. Did you bring (or allow someone else to give you) any cats/kittens that now live in this colony?

Yes No If yes, how many adult cats? _____ kittens? _____

6. Approximately how many cats and kittens live in the colony now?

Friendly Adults _____ Feral Adults _____ Friendly Kittens _____ Feral Kittens _____

How many cats may be pregnant right now? _____

7. If you have any pregnant cats, do you agree to get them spayed to humanely abort the kittens?

Yes No If no, are you able to bring the kittens indoors and find them indoor homes? Yes No

8. Are any of the cats in the colony already spayed/neutered? Yes No

If yes, how many? _____ Who paid for the surgeries? _____

9. Please describe any current health issues for your cats.

10. Please describe any complaints you've received regarding the cats.

11. Describe your daily feeding routine, including types of containers used.

12. Describe the outdoor dry shelter you provide for the cats.

13. Have you been cited by any public authorities for feeding the colony? Yes No

If yes, please describe the situation. _____

14. Are you currently looking for homes for any of the cats or kittens? Yes No

15. All cats in our program must have their left ear humanely tipped to identify them as managed outdoor cats. Do you agree to comply? Yes No

16. Is there a veterinary clinic you are presently working with? _____

17. How far are you willing/able to drive to get to a veterinary clinic for spay/neuter surgeries?

under 15 miles 15-30 miles

18. Do you have access to a live trap(s)? Yes No If no, are you willing to purchase one? Yes No

19. How long do you estimate it will take to spay/neuter ALL cats in your colony?

1 month 2 months Other _____

COLONY MANAGER CERTIFICATION AND RELEASE OF LIABILITY

1. I own the property where the cats on this application reside – or have the property owner’s permission to manage the colony and either live on the property or own and operate a business at this location.
2. I have read the “Feral Cat Colony Manager Agreement” and agree to manage my colony in accordance with its guideline so that I can ensure that the existing cats are swiftly live-trapped for sterilization and subsequent newcomers can quickly be identified and sterilized.
3. If there are any pregnant cats in my colony, I will agree to spay the cat and humanely terminate the pregnancy unless the veterinarian does not consider the surgery reasonable.
4. If there are any kittens under 12 weeks old in my colony before colony sterilization is complete, I – or someone I trust – will bring them indoors to socialize and adopt out. If this is not possible or if the kittens do not adopt out, I will return them to their colony and arrange for spay/neuter surgery for them before they reach sexual maturity.
5. I understand that Humane Society of the Pike Peak Region’s role in the program is to approve and permit colony managers. As funding is available, HSPPR may provide low cost or no cost sterilization surgeries, rabies vaccinations and ear tipping to cats accepted into this program.
6. I agree to waive and release HSPPR from any claim of any liability that may arise from the procedures on any cats that participate in this program. I am aware that cats face risks during handling, anesthesia, surgery and post-operative recovery and HSPPR will not be held responsible should any of my cats experience complications, injury, escape or death. This discharge and release of liability is absolute and complete and covers any liability that may otherwise occur due to complications or errors by any veterinary personnel or others.
7. Humane Society of the Pikes Peak Region reserves the right to modify or terminate this program – or my participation in it – at any time and at its sole discretion.

By signing below, I certify that I personally completed this form and the information provided is true and complete.

Signature _____ Date _____

PROPERTY OWNER PERMISSION

I certify that I am the owner of the property on which the colony identified on this form resides and that I will continue to permit the cats to reside on my property after they are sterilized. The applicant has my permission to provide ongoing care for this colony.

Signature _____ Date _____

COLONY REGISTRATION FORM

Use this form to provide a complete description of the cats living in your colony.
Be sure to include ALL cats (male and female) eating the food you provide.

Name _____

Address _____ City, State, ZIP _____

Phone _____ Email _____

Cat #	Cat Name	Description/Color	Male/ Female	Approx. Age	Date First Seen	Sterilized (if yes, when)	Voucher Date
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
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14							
15							
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17							
18							
19							
20							

COLONY MANAGER AGREEMENT

I understand Humane Society of the Pikes Peak Region's (HSPPR) volunteer Colony Manager is a position of great responsibility. The purpose of this agreement is to facilitate an understanding of the obligations between HSPPR and the Colony Manager within HSPPR's Trap-Neuter-Release (TNR) program. Please initial each section and sign the agreement below.

Completion of this agreement does not imply or serve as an appointment as a Colony Manager. It is strictly a document of understanding of expectations in the event the applicant is approved and permitted as a Colony Manager.

Name _____

Address _____ City, State, ZIP _____

Phone _____ Email _____

	INITIAL
1. I understand the following section refers only to HSPPR-permitted colonies.	
2. I recognize this is a long-term commitment.	
3. I understand it is my obligation to humanely trap and transport colony members to HSPPR or to another veterinary clinic for sterilization.	
4. I understand once a colony member is sterilized and vaccinated, the colony member will be ear tipped for identification purposes.	
5. I understand it is my obligation to humanely transport and release sterilized colony members back to their original colony	
6. I will maintain the colony grounds by picking up trash and litter, and properly disposing of waste regularly and in a timely manner.	
7. I will feed or coordinate the feeding of the colony members every day, including weekends and holidays.	
8. I understand that locating a steady food supply is my obligation.	
9. I understand colony members are to remain outdoors and proper shelter from the elements for the colony members must be available at all times.	
10. I understand food must be provided in a manner that is sheltered from the elements. Food must be removed at dusk to prevent wildlife from moving in.	
11. I understand it is my responsibility to look for missing colony members at the shelter.	

	INITIAL
12. I will not attempt to relocate the colony.	
13. I understand kittens need to be 2 months old (over 8 weeks) and weigh at least 2 pounds in order to be sterilized.	
14. I understand kittens brought to the shelter under 2 months old may be humanely euthanized or the Colony Manager may be asked to take them back. It is at the Colony Manager's discretion to determine when to bring a kitten to the shelter.	
15. I understand severely sick or injured colony members may be humanely euthanized, at the discretion of HSPPR veterinarians, to end suffering.	
16. In my absence, I will arrange for the care of the colony on my property.	
17. If for any reason I am no longer able to care for the colony, I understand it is my responsibility to immediately inform HSPPR's TNR Coordinator, and to arrange for an alternate caregiver on my property or relocate the colony to a suitable caregiver.	
18. I will maintain open communication and dialogue with the TNR Coordinator about all events pertaining to the colony.	
19. I understand I am responsible for the cost of care for sick or injured colony members, and I am responsible to transport sick or injured colony members to HSPPR for humane euthanasia. I understand HSPPR does not provide medical services or treatment for community cats.	
20. I understand I must demonstrate continued progress towards sterilization of all colony members to remain permitted as a Colony Manager.	
21. I understand I am required to keep an annual colony census report recording the description of current colony members, new colony members, birth of kittens, and dates of sterilization and vaccinations.	
22. I understand I must submit a copy of the annual colony census to HSPPR. The report must be submitted one year after the permit date and annually thereafter.	
23. I understand HSPPR reserves the right to modify or terminate this program, or my participation in the program, at any time and at the sole discretion of HSPPR.	
24. I understand I need to reside at the colony address for the life of the colony. If I move, it is my responsibility to relocate or find another caregiver to register as a Colony Manager.	

Reclaiming Colony Members From HSPPR

Colony Managers are not obligated to license colony members. As a result, when reclaiming a colony member from HSPPR, Colony Managers are not obligated to pay impound or licensing fees. Since these cats are often feral, it is also highly unlikely they will be vaccinated upon intake. Therefore there is no cost to Colony Managers for reclaiming colony members from HSPPR if they are claimed within 48 hours of impoundment. Boarding fees will apply after 48 hours of impoundment. Ownership of unclaimed stray/feral cats transfers to HSPPR after five days, and depending on healthy and disposition, euthanasia may be possible. HSPPR is not obligated to contact Colony Managers if a suspected colony member is at the shelter.

HSPPR's Obligations

1. Not charging impound or licensing fees for reclaimed colony members.
2. Low- or no-cost FVRCP and rabies vaccinations for colony members.
3. Low- or no-cost sterilization of colony members.
4. Assisting colony managers in training and maintaining open communication with colony managers.
5. Providing traps and any necessary educational materials.
6. Other assistance as necessary.

Signature _____
Colony Manager

Date _____

Signature _____
HSPPR TNR Program Manager or
Representative

Date _____

COMMUNITY CATS SURGICAL RELEASE FORM

CSR Initials: _____

Today's Date _____

Caretaker/Colony Manager/Volunteer Name _____

Address _____ City, State, ZIP _____

Primary Phone _____ Secondary Phone _____

Email _____

As a Colony Manager or caretaker of community cats with the City or County of Pueblo, I acknowledge my involvement in HSPPR's Trap-Neuter-Return (TNR) program. I intend to trap and deliver to HSPPR one or more community cats for sterilization. As a participant in HSPPR's TNR program, I acknowledge, understand, and agree to the following conditions for each community cat I deliver to HSPPR:

_____ As with any surgery requiring general anesthesia, certain risks may result in serious complications or even death. Please advise HSPPR staff if you are aware of any medical concerns.

_____ By signing below, I hereby consent to and authorize the veterinary team to sterilize, vaccinate, and ear tip each cat I trap and deliver to HSPPR. I understand and have been advised of the nature of the services and procedure(s), as well as the risks involved. I accept and understand all procedures and aftercare will be performed to the best abilities of the veterinary staff, but no guarantee has been made regarding the results that may be achieved. Should unexpected emergency care be required, the veterinary team is authorized to intervene as they see fit, and I acknowledge that such intervention may include euthanasia.

_____ I understand HSPPR reserves the right to refuse to do surgery on any cat at the discretion of HSPPR's veterinarian based on the cat's health. If there are any additional medical concerns, I understand it is my responsibility to seek outside veterinary attention.

_____ I understand HSPPR's veterinary team has the right to euthanize any cat if it is determined euthanasia is in the cat's best interest. I understand the veterinarian will humanely euthanize any cat found to be suffering, severely ill or injured, or with a medical condition making it inhumane to return the cat to its community.

_____ I waive, release, and agree to hold HSPPR harmless from liability for any injury, loss, or damage arising out of the care, treatment, or safekeeping of any cat I trap and deliver, including any injury, loss, or damage I may sustain personally.

_____ I understand if a cat is found to be pregnant during surgery, the pregnancy will be terminated as part of the spay procedure. All kittens delivered for sterilization must be over 2 pounds.

_____ I will ensure any cat I retrieve from HSPPR after treatment receives food, water, and necessary care while recovering until it can be returned to the location where it was collected. I understand I am responsible for any aftercare that might arise due to difficulties and/or complications of surgical procedures, treatments, or vaccinations, and that it is up to the discretion of HSPPR's veterinarian to determine financial responsibility based on the nature/ cause of the complication.

_____ I agree to comply with all ordinances in my community. I acknowledge HSPPR has the right to enforce any local, state, or federal animal related laws.

_____ I have taken proper precautions not to present an owned pet for surgery. HSPPR follows strict policies and procedures to control the potential spread of disease. However, it is important to understand there is always a risk of possible exposure to infectious disease. HSPPR will not be held liable if a cat becomes sick while undergoing treatment or as a result of exposure to infectious disease while at HSPPR.

Please initial to acknowledge you understand and consent for any community cat you trap and deliver to HSPPR to be ear tipped, the universal mark for an altered community cat. (see photo). This is a requirement for participation in this program.

Please initial to acknowledge the shelter may charge boarding fees at a rate of \$10/day if you do not retrieve the cat(s) by the designated time. Failure to retrieve a cat within the specified time period may result in HSPPR taking ownership of the cat.



I have read and fully understand the terms and conditions set forth above.

Name _____

Signature _____

Date _____

TRAP PERMISSION FORM

I, _____, give my permission to Humane Society of the Pikes Peak Region (employees and/or volunteers) to enter the property located at:

For the purpose of trapping, neutering, and returning the stray/feral/community cats currently living at this location.

By signing below, I agree:

- I own the property noted above (or have the property's owner's permission to allow trapping on the property).
- to waive and release HSPPR from any claim of any liability that may arise from the trapping an/or surgical procedures on any cats trapped as a part of this agreement. I am aware cats face risks during handling, anesthesia, surgery, and post-operative recovery, and HSPPR will not be held responsible should any cats experience complications, injury, escape, or death. This discharge and release of liability is absolute and complete, and covers any liability that may otherwise occur due to surgical complications or errors by any veterinary personnel or others.

Signature _____ Name _____

Phone Number _____ Date _____

COLONY MANAGER APPLICATION

Standards of Care

Basic care for feral cats:

1. Conducting ongoing Trap-Neuter-Return to control over population
2. Provide food and water stations.
3. Provide adequate shelter.
4. Provide a clean and healthy environment.
5. Monitor members of the colony and provide ongoing health care.
6. Help cats and people co-exist (be a voice by educating neighbors and other members of the community about the TNR program and colony care).

Food and water stations:

- Provide adequate food and water for the cats on a regular basis, year-around. Feeding cats at a regular time and place ensures that the cats know when and where to go to be fed.
- Feed during daylight hours.
- Expect an adult feral cat to eat roughly 2.5 ounces of dry food daily (in the winter add a little more food to help cats maintain energy levels).
- REMOVE uneaten food within 30 minutes. Never allow food to sit out, as it will attract insects and or wildlife.
- Keep the feeding station neat and clean.
- Camouflage the feeding station as much as possible.
- Water in the winter; refill the bowls with hot or warm water. A pinch of sugar stops water from freezing as quickly, and provides an added energy boost.
- Keep the water in the sun and use dark colored bowls or insulated bowls to absorb the sun's heat. For more information go to www.alleycat.org/winterweather.
- Shield the bowl from wind.
- Raise feeding station off the ground to help deter insects. Also surround the area with a ring of baking soda
- Covered feeding stations protect the food from the elements.

Shelter:

- A good size for a shelter is at least 2x3 and 18" high. This size will help cats stay warm by utilizing their own body heat. For more information on shelter ideas go to www.alleycat.org/BuildAsShelter
- The door should be 6-8" wide to keep out wildlife and larger predators. You may want two doors to give the cats an escape route.
- Camouflage the shelter as much as possible.
- Make shelters waterproof, windproof and elevate of the ground.
- Bedding: straw, hardwood shavings or Mylar blankets which will retain body heat and will not hold moisture. Avoid towels, blankets, fleece fabrics or any other items that will retain moisture.





Styrofoam Insulation



Second Container filled with Straw



Cover Second Container



More Insulation



Final Cover



Completed Shelter

Healthy Clean Environment:

- Keep an eye on the cats for general good health.
Establish a relationship with a Veterinarian who knows how to work with feral cats.
- Provide litter box areas, to keep cats from using neighborhood gardens. Place sand (do not use conventional litters as it will be ruined by weather). Scoop regularly.
- Establish a friendly, ongoing discussion with your neighbors and know your facts.
- Use humane deterrents to keep cats away from places they are not wanted. For more information on humane deterrent techniques contact www.hsppr/tnr or www.alleycat.org/Deterrents.
- Relocating cats is NOT recommended and discouraged as it is hard on relocated cats to find food and shelter.