



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. Included with this letter, you will find the Colony Manager Application and the Colony Manager Agreement. Please complete both forms in their entirety and return them to us at the address below:

Humane Society of the Pikes Peak Region
610 Abbot Lane
Colorado Springs, CO 80905
Attn: TNR Program Coordinator

You may also fax the forms to 719-444-0179 Attention: TNR, or email to astark@hsppr.org.

If your application is approved for further processing, you will be contacted to arrange a site visit of your colony location. If your location is approved, you will receive a permit and will be provided with additional training materials and with information on how to proceed with managing your colony.

If you have any questions or concerns, you may call our office at 719-473-1741 x 8786.

Sincerely,

AnnaMarie Stark
TNR Coordinator
Humane Society of the Pikes Peak Region

Humane Society of the Pikes Peak Region
610 Abbot Lane, Colorado Springs, CO 80905
Phone 719-473-1741 Fax 719-444-0179 Website www.hsppr.org

COLONY MANAGER APPLICATION

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 Colorado Springs. After reading the Colony Manager Agreement, complete this application and return it to HSPPR with a few representative photos of the colony cats, their dry shelter(s), and feeding location(s). If your application is approved, you will be contacted to schedule a site inspection. If the application and site are approved, you will be appointed and registered as a sanctioned Colony Manager and a trapping plan will be scheduled.

Colony Manager (Caregiver) Contact Information	Colony Location/Property Owner (if different from Caregiver)
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone(s) _____	Phone(s) _____
Email Address _____	Email Address _____

HSPPR provides low or no cost spay/neuter, rabies vaccination, and ear tipping services (dependent on available funding) to sterilize naturally-occurring colonies of feral and community cats residing within **the city limits of Colorado Springs provided they are being managed in accordance with the guidelines** set forth in our Feral Cat Colony Manager Agreement and with Colorado Springs Municipal Codes regarding Regulation of Feral Cats where applicable. TNR services and the permitting of community cat Colony Managers is not available outside the city limits of Colorado Springs however HSPPR may still be able to assist with low-cost spay/neuter services to citizens outside the city limits.

Please call our TNR Coordinator at 719-302-8786 with any questions.

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

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? _____

Please sign property owner permission portion if you are the owner of the home. If you rent the landlord or owner sign before going forward.

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? _____ How many 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 in your colony will you agree to quickly get them spayed and humanely abort any kittens? Yes No

If no, are you able to bring the kittens indoors to socialize them? _____

8. Are any of the cats in the colony already fixed? Yes No If yes, how many? _____

If yes, who paid for the surgeries? _____

9. Do any of your cats have current health issues? Describe.

10. Has anyone complained to you about the cats? Explain.

11. Describe your daily feeding routine, including containers.

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 tipped to identify them as managed outdoor cats. Is this acceptable to you?

Yes No

16. Is there a veterinary clinic you are presently working with? If so, which one? _____

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

Under 15 miles 15-30 miles Over 30 miles

18. Do you have access to a live trap(s)? Yes No

If not, are you willing to purchase one? Yes No

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 work with an approved agency to ensure that they are spayed, neutered and rehomed before they reach sexual maturity.
5. I understand that the 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. The 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 MANAGER APPLICATION

Colony Registration Form

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

Name _____

Address _____ City, State, Zip _____

Phone(s) _____ Email Address _____

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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15							
16							
17							
18							
19							
20							

COLONY MANAGER APPLICATION

Colony Manager Agreement

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

NOTE: Completion of this agreement does not imply or serve as an appointment as a Colony Manager. It merely serves as a document of understanding of expectations in the event the applicant is approved and permitted as a Colony Manager. All colonies are subject to site inspection prior to final approval.

Name _____

Address _____ City, State, Zip _____

Phone(s) _____ Email Address _____

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

	INITIAL
12. I understand it is my responsibility to look for missing colony members at HSPPR.	
13. I will not attempt to relocate the colony.	
14. I understand that kittens need to be 2 months (about 8 weeks) and weigh 2 pounds in order to be sterilized.	
15. I understand that kittens less than 2 months old who are brought into the shelter, 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 in a kitten).	
16. I understand that severely sick or injured colony members may also be euthanized by HSP-PR, at the discretion of the veterinarian, for humane reasons, such as to end their suffering.	
17. In my absence, I will arrange for the care of the colony on my property.	
18. If for any reason I am no longer able to care for the colony, I understand that it is my responsibility to immediately inform the HSPPR TNR Coordinator and to arrange for an alternate caregiver on my property or relocate to a suitable caregiver.	
19. I will maintain open communication and dialogue with the TNR Coordinator about all events pertaining to the colony.	
20. I understand that I am responsible for transportation of sick or injured colony members to HSPPR for humane euthanasia if necessary. I understand that HSPPR is not able to provide medical services or treatment for community cats.	
21. I understand that I must demonstrate continued progress towards sterilization of all colony members to remain permitted as a Colony Manager and that the goal of the program is 100% active participation	
22. I understand that I am required to keep an annual colony census and annual report recording the description of current colony members, new colony members, birth of kittens, and dates of sterilization and vaccinations.	
23. I understand that I must submit a copy of the annual colony census and annual report to the Humane Society of the Pikes Peak Region. Said report must be submitted 1 year after the permit date and annually thereafter.	
24. I understand that 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.	
25. I understand that I need to reside at the colony address for the life of the colony. If I move it is my responsibility to find another caregiver that will sign up as a CM	

Reclaiming colony members from the Humane Society of the Pikes Peak Region:

CMs are not obligated to license colony members within the City of Colorado Springs. Colony cats are also exempt from “trespassing laws”. Therefore, when reclaiming a colony member from HSPPR, CMs are not obligated to pay any impound or licensing fees. Since these cats are also often feral, it is highly unlikely they will be vaccinated upon intake. Therefore there is no cost to the CM for reclaiming colony members from HSPPR if they are claimed within 48 hours of impoundment. Boarding fees will apply after that time period. Therefore, it is the CM’s responsibility to come into the shelter as soon as possible to reclaim colony members. Unclaimed stray/feral cats may be dispositioned after 5 days and may be euthanized. HSPPR is not obligated to contact CMs if a suspected colony member is at the shelter.

The obligations of the Humane Society of the Pikes Peak Region include:

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 necessary trouble shooting.

Signature _____

COLONY MANAGER

Date _____

Signature _____

HSPPR TNR Program Manager or
Representative

Date _____

COLONY MANAGER APPLICATION

Community Cats Program Surgical Release Form

The Wesley V. Metzler Surgery Center
610 Abbot Lane, Colorado Springs, CO 80905 phone: (719) 473-1741 x8786

Today's Date _____

Trapper/Volunteer/Colony Manager Name _____

Address _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Colony Manager Name _____

Colony Address _____ Zip _____

Please note: Cats dropped off after 10am may not be processed for surgery the same day. It is the responsibility of the volunteer trapper to verify when surgery will occur so that pick-up and release can be coordinated.

Number of cats brought in for surgery _____

Trap # _____ Color: _____ Male / Female / Unknown Cat or Kitten A# _____

Trap # _____ Color: _____ Male / Female / Unknown Cat or Kitten A# _____

Trap # _____ Color: _____ Male / Female / Unknown Cat or Kitten A# _____

Trap # _____ Color: _____ Male / Female / Unknown Cat or Kitten A# _____

Trap # _____ Color: _____ Male / Female / Unknown Cat or Kitten A# _____

Trap # _____ Color: _____ Male / Female / Unknown Cat or Kitten A# _____

As a participant in HSPPR's TNR program, I acknowledge, understand and agree to the following conditions for each of the above mentioned community cats that I deliver to HSPPR:

_____ Risk of Surgery: General anesthesia carries with it certain risks which may result in serious complications or even death. The cats you bring in for surgery today will NOT receive a pre-anesthetic physical examination, which may identify additional anesthetic risks. Please advise HSPPR staff if you are aware of any medical concerns with an animal.

_____ I hereby consent to and authorize the Surgery Center 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 that all procedures and aftercare will be performed to the best abilities of the Surgery Center staff, but that no guarantee has been made regarding the results that may be achieved. Should unexpected emergency care be required, the Surgery Center staff 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 that it is my responsibility to seek outside veterinary attention.

_____ I understand that the HSPPR Surgery Center Veterinarian has the right to euthanize any cat that is found to be suffering, is severely ill, has a life threatening injury or any medical condition that would make it inhumane to return the cat to its community/colony. I understand that I may not be notified regarding any euthanasia outcome until pick-up because I am not the owner of this cat. I waive, release and agree to hold HSPPR and the Surgery Center harmless from liability for any injury, loss or damage arising out of the care, treatment or safekeeping of any cat that I trap and deliver to the Surgery Center, including any injury, loss or damage I may sustain personally.

_____ I understand that if a cat is found to be pregnant during surgery that 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 the Surgery Center after treatment receives food, water and necessary care while it is recovering until it can be returned to the location where it was collected.

_____ I understand that 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 who performed the procedure 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 to the Surgery Center.

The Surgery Center follows strict policies and procedures to control the potential spread of disease. However, it is important to understand that there is always a risk of possible exposure to infectious disease. HSPPR and the Surgery Center will not be held liable if a cat becomes sick while undergoing treatment or as a result of exposure to infectious disease while in the Surgery Center.

If you notice symptoms such as ocular or nasal discharge, loss of appetite, dull temperament, fever, or any other signs of illness please contact your local veterinarian for further care.

Please initial to acknowledge you understand and consent for any community cat you trap and deliver to HSPPR to be ear tipped as a universal mark for an altered community cat. See diagram to the right for example: Ear-tipping is a requirement in order to participate in this program.

Please initial to acknowledge the shelter may charge boarding fees at a rate of \$15 per day for any cats not retrieved by the designated time. Failure to retrieve a cat within the specified time period may result in HSPPR's disposition of the cat.



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

Name (print your name) _____

Signature _____ Date _____

Pick-up Information (to be completed when cats are released after surgery)
By signing below you are confirming that all cats listed on this form have been released from HSPPR care to you for post-surgical care and release.

Released to (print your name) _____

Signature _____ Pick-up Date _____

COLONY MANAGER APPLICATION

Trap Permission Form

I, _____, give my permission to the Humane Society of the Pikes Peak Region's TNR Department (employees and/or volunteers) to enter the property located at:
For the purpose of trap, neuter and return the stray/feral/community cats currently living at this location.

By signing below, I agree to the following:

- I own the property noted above-or have the property's owner's permission to allow trapping on the property above.
- I agree to waive and release HSPPR from any claim of any liability that may arise from the trapping an/or surgical procedures or any cats that are trapped as a part of this agreement. I am aware that 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(s) _____

Date _____

COLONY MANAGER APPLICATION

Standards of Care

Basic care for feral cats:

1. Conducting ongoing Trap-Neuter-Return to control over population www.hsppr/tnr
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.

Humane Society of the Pikes Peak Region
 610 Abbot Lane, Colorado Springs, CO 80905
 Phone 719-473-1741 Fax 719-444-0179 Website www.hsppr.org