

Application Request for Working Cats

First Name

Last Name

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Address #1

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City

State

Zip

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Primary Phone Number

Alternate Phone number

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Email Address

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1. Is the address listed the same address the cat(s) will be living?

- Yes
- No

*If No please list the address the cat(s) will be living.

Address #2

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City

State

Zip

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2. Where will the cats be housed?

- Residential home with garage or shed
- Farm or ranch with barn or outdoor building
- Stable
- Warehouse

Other

*If other please explain

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SL SALT LAKE
COUNTY
ANIMAL SERVICES

3. How many cats are you interested in from our Working Cat Program?

*2 cat minimum required

4. Do you agree with the terms of the relocation process? Allowing the cats an acclimation period in a provided enclosure 4'x4' that will hold the cats and their litter box, food and water and a winter sleeping box for the duration of 2 weeks. During this time, you will need to feed the cats and make sure they have fresh water.

Yes

No

5. Do you agree to provide food and water for the cats?

Yes

No

6. Do you agree to do your best to trap the cat and provide veterinary care should it become ill or injured?

Yes

No

7. Do you need more information about our Working Cat Program before making a decision?

Yes

No

-What is the best method to contact you? Phone or Email?