



## Humane Solution Feral Cat Program

Humane Solution's mission is to end euthanasia as a means to control the pet overpopulation crisis. This philosophy applies to feral cats, also referred to as community cats. Humane Solution believes that community cats should be able to live out their lives in their habitat, and that controlling their population is crucial to their health and welfare.

A feral cat is defined as an un-owned domestic cat that lives outdoors and avoids human contact: it does not allow itself to be handled or touched, and usually remains hidden from humans. Some feral cats may become more comfortable with people who regularly feed them, but even with long-term attempts at socialization, they usually remain aloof and are most active after dusk.

Trap, neuter, return (TNR) is a universally recognized means of managing community cat populations. If you are willing to practice TNR and continue to feed and manage a community cat colony, **Humane Solution offers Feral Cat vouchers for \$35**, which includes spay/neuter, vaccinations (rabies and FVRCP), ear tip (mandatory), and flea treatment. Microchips may be purchased for an additional \$10. Humane Solution does not offer TNR services, but we can loan Tomahawk traps and trapping instructions to the public for those who would like to maintain their colony. Each trap requires an \$80 (check required) refundable deposit that must be paid at the time that the traps are picked up. Please contact us at [info@humanesolution.org](mailto:info@humanesolution.org) AFTER your vet appointment is scheduled for trap loan information.

We have contracted with certain veterinary hospitals to accept the Feral Cat vouchers. Cats must be in traps and feral as defined above to use a Feral Cat voucher. If you are willing to trap and manage a community cat colony, please fill out the application and mail it with payment to Humane Solution, PO Box 20712, Winston-Salem, NC 27120.

# Participating Vet List for Feral Cat Vouchers

## **Animal Health and Wellness**

1055 Bethania-Rural Hall Road  
Rural Hall, NC 27045  
336-969-0232

## **Clemmons Vet Clinic**

6373 Cephis Drive  
Clemmons, NC 27012  
336-766-8511

## **Cat Care Hospital**

5002 High Point Road  
Greensboro, NC 27407  
336-235-0772

## **Grandview Animal Hospital**

6043 Old US 421 HWY  
East Bend, NC 27018  
336-699-2230

## **Boyce-Holland Vet Services**

21047 Jeb Stuart HWY  
Stuart, VA 24171  
276-694-3564

## **Village Way Veterinary Hospital**

106 Carnoustie Way  
Advance, NC 27006  
(336) 355-4796

## **Piedmont Communities Spay and Neuter & Wellness Clinic**

1910 N Church Street  
Greensboro, NC 27405  
(336) 333-5336

## Feral Cat Voucher Application

Will the cat let you touch it? \_\_\_\_\_ Does the cat approach when it sees humans? \_\_\_\_\_  
Will the cat allow you to place it in a carrier? \_\_\_\_\_ Is the cat "friendly" in any way? \_\_\_\_\_

**If you answered "yes" to any of these questions, this is not a feral cat. This program is tailored to the needs of feral cats as defined on the cover sheet. You are welcome to use our standard spay/neuter program. Those vouchers are \$45. If you need a standard spay/neuter packet or have any further questions, please contact us at [info@humanesolution.org](mailto:info@humanesolution.org). This application cannot be used for the standard vouchers.**

Date: \_\_\_\_\_

Caretaker's Name: \_\_\_\_\_

Caretaker's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Which county does the colony reside? \_\_\_\_\_

Please provide a specific address on the cats' location (Street, city, zip code):  
\_\_\_\_\_

How many cats are in this colony? Adults: \_\_\_\_\_ Kittens: \_\_\_\_\_

Which partner vet will you use? (You must choose one of **these** vets to use the feral voucher)

- Animal Health and Wellness       Clemmons Vet Clinic       Cat Care Hospital  
 Grandview Animal Hospital       Boyce-Holland Vet Services

Are you willing to perform TNR?  Yes     No

Are you willing to feed the cats after TNR?  Yes     No

Do you have your own traps? \_\_\_\_\_ What type of trap do you have? \_\_\_\_\_

**Please note that cats MUST be in a humane trap for the vet appointment.**

Would you like to borrow one from Humane Solution for an \$80 REFUNDABLE deposit (checks required):  Yes     No

Do you have an indoor setting for the cat(s) to recover after surgery?  Yes     No

Please describe area: \_\_\_\_\_  
\_\_\_\_\_

## CAT INFORMATION

Color and pattern of cat: \_\_\_\_\_ Sex (if known):  Female  Male

Breed of cat (please circle one): Domestic Short Hair Domestic Medium Hair Domestic Long Hair

Do you want a microchip (an additional \$10 charge)?  Yes  No

Do you suspect this cat is pregnant or nursing?  Yes  No

Do you suspect this cat is sick or injured?  Yes  No

If yes, please describe: \_\_\_\_\_

I agree to have the cat's left ear tipped:  Yes  No

If no, please state reason: \_\_\_\_\_

Are you applying for additional cats?  Yes  No If yes, how many? \_\_\_\_\_

### Cat #2

Sex (if known): \_\_\_\_\_

Hair Length: \_\_\_\_\_

Description: \_\_\_\_\_

Color Pattern: \_\_\_\_\_

Microchip? \_\_\_\_\_

Nursing? \_\_\_\_\_

Sick/Injured? \_\_\_\_\_

Ear Tip? \_\_\_\_\_

### Cat #3

Sex (if known): \_\_\_\_\_

Hair Length: \_\_\_\_\_

Description: \_\_\_\_\_

Color Pattern: \_\_\_\_\_

Microchip? \_\_\_\_\_

Nursing? \_\_\_\_\_

Sick/Injured? \_\_\_\_\_

Ear Tip? \_\_\_\_\_

### Cat #4

Sex (if known): \_\_\_\_\_

Hair Length: \_\_\_\_\_

Description: \_\_\_\_\_

Color Pattern: \_\_\_\_\_

Microchip? \_\_\_\_\_

Nursing? \_\_\_\_\_

Sick/Injured? \_\_\_\_\_

Ear Tip? \_\_\_\_\_

**If applying for more than 4 feral cat vouchers, please list any additional on a separate sheet of paper.**

## PAYMENT INFORMATION

How will you pay today? (Vouchers cost \$35 each)  Cash  Check  Money Order  PayPal

If paying via PayPal, you will be invoiced via PayPal thru your email at the time your application is received.

**(Please check your spam/junk folder for invoice)**

If the person paying has a different email address than yours, please list it here:

\_\_\_\_\_

Please enter the name that will appear on the PayPal account, credit or debit card, or the check or money order, (especially if different from yours): \_\_\_\_\_

## OFFICE USE ONLY

Voucher Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ MC #: \_\_\_\_\_

PayPal: \_\_\_\_\_ Check (number): \_\_\_\_\_ Money Order: \_\_\_\_\_

Amount of payment: \_\_\_\_\_

Notes: