



# CITY OF MENTOR

## ANIMAL WELFARE ORGANIZATION REGISTRATION FORM

REV: 11/28/18

Name of Animal Welfare Organization: \_\_\_\_\_

Primary Contact Name & Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Has I.R.S. 501 (c) (3) status been obtained? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*Please provide documentation*

Animal Welfare Organizations that sponsor a Feral Cat Colony Caretaker shall be responsible for reporting quarterly in writing to the City on:

- 1) The location of the colony;
- 2) The number and gender of all cats within the colony;
- 3) A description of individual cats within the colony;
- 4) The reproductive status of all cats within the colony;
- 5) The number of cats that died or otherwise ceased being a part of the colony;
- 6) The number of kittens born to colony cats and their disposition;
- 7) The number of cats placed in animal shelters or in permanent homes as companion cats;
- 8) The number of cats vaccinated; and,
- 9) The number of cats spayed or neutered under its TNR program conducted for the caretakers.
- 10) Attach a copy of written approval from any property owners or their authorized representative from which the Caretaker requires access to provide colony care.

Please identify and list all officers currently associated with your organization:

Name	Title	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Please describe specifically how your organization's TNR (trap, neuter and return) program will be conducted in reference to the management of the feral cat colony.

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*Please attach a separate sheet if you require additional room*

**ACKNOWLEDGEMENT BY APPLICANT**

I hereby acknowledge, on behalf of the Animal Welfare Organization listed above, that I have read and understand the requirements of City of Mentor Codified Ordinance Section 505.30 regarding the management of feral cat colonies and that my Organization will be required to provide quarterly reports to the City of Mentor pursuant to Section 505.30 (d) regarding our management of said colonies.

Signature: \_\_\_\_\_

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

**Please mail or drop off application to:** City of Mentor  
Natural Resources Office  
8500 Civic Center Boulevard  
Mentor, OH 44060

***If you have any questions, please contact Mentor Natural Resources  
at (440) 974-5720 or [parks@cityofmentor.com](mailto:parks@cityofmentor.com)***

City of Mentor, Natural Resources Office, 8500 Civic Center Boulevard, Mentor, Ohio 44060  
(440) 974-5720 | [parks@cityofmentor.com](mailto:parks@cityofmentor.com)