

# CITY OF MENTOR

## ANIMAL WELFARE ORGANIZATION REGISTRATION FORM

REV: 3/17/17



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*

If Known at Time of Registration, Location of Feral Colony/Colonies (address or general area) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continued on reverse*

