



Feral Cat Caretakers' Coalition
P.O Box 491244, Los Angeles, CA 90049
310-820-4122 FeralCatCr@aol.com
www.feralcatcaretakers.org

PREMISES EVALUATION

Business Location Name: _____ Address: _____

Contact Person: _____ Contact Numbers _____

Private Location Name: _____ Address: _____

Contact Person: _____ Address: _____

Is this a Trap, Neuter and Return Project?: _____ Name and Title of person requesting
the evaluation _____ Contact Numbers: _____

Email address: _____ Cell Phone: _____

Reason for evaluation: _____

What are the issues related to this project? _____

Any difficulty with entry? _____

Names, addresses, email addresses and contact numbers of persons who are responsible for the care
of cats on the property: _____

Are there volunteers on the premises or neighborhood volunteers? _____

If so, names and contact numbers: _____

Estimated number of cats/kittens on the premises & descriptions: _____

Have they been spayed and neutered? _____

How often are the cats fed? _____

What type of food and who supplies the food? _____

Is the area cat friendly and if not what are the problems? _____

Is there adequate shelter on the property? _____

What type of shelter is available? _____

Are there persons on the premises that have adopted cats or kittens? _____

Brief history of the premises relating to the cats: _____

Comments: _____

Name and Title of person completing this form: _____ **Date** _____

Contact Numbers: _____

Name and Title of person who authorized the evaluation _____

_____ **Contact Numbers:** _____ **Date** _____