



## KirkCats' Community Cat Care Fund Application

Please complete and send to [thekirkcats@gmail.com](mailto:thekirkcats@gmail.com)

Date \_\_\_\_\_

Name of person requesting funds: \_\_\_\_\_

Name of cat: \_\_\_\_\_ . Approximate age: \_\_\_\_\_ Description: \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female      Already Fixed? \_\_Y\_\_N      Ear tip? \_\_Y\_\_N

Your relationship to cat: \_\_\_\_ Caretaker \_\_\_\_ Pet owner \_\_\_\_ Other: \_\_\_\_\_

Location/colony: \_\_\_\_\_

Your Address: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_; email: \_\_\_\_\_

Amount requested: \_\_\_\_\_;

Reason for request: \_\_\_\_ TNR cost. \_\_\_\_ Vetting cost. \_\_\_\_ Other.      Describe:

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

Are you accepting responsibility for the care of this cat during the vetting? \_\_Y\_\_N

### **KirkCat use only below line**

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Funds granted: YES \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Purpose:

NO \_\_\_\_\_. Reason:

Method of Payment: \_\_\_\_\_

Paid to \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Additional information/Notes: