



# MAVERICK CAT COALITION

## Information Sheet

Mail to: Box 72051, Old Orchard P.O., Burnaby, BC V5H 4P9

In order for us to help you, we need you to supply us with the following information:

1.	Date	
2.	Full Name	
3.	Address	
4.	City	
5.	Phone Number	
6.	How did you hear about us?	
7.	How many cats are there?	
8.	Where are they <i>exactly</i> ?	
9.	Describe each cat (for example: long hair, short hair, colors, markings, shape of face, tail, other distinctive markings, etc.)	
10.	Do any of the cats have collars?	
11.	Is anyone feeding the cats?	
12.	Where are the cats eating (or being fed) <i>exactly</i> ?	
13.	What time(s) of day do you see the cats?	
14.	When did you first notice the cats?	
15.	Are there any kittens?	
16.	Do the cats look healthy?	
17.	Do any of the cats look pregnant?	
18.	If the cats are too wild to be adopted, would you be willing to feed them after they are returned from the veterinarian?	
19.	Would you be willing to trap the cats yourself if we train you?	
20.	Would you be able to make a donation towards the cost of treating the cats?	

Please email this information (Word document) to [mavcat@telus.net](mailto:mavcat@telus.net) or mail to: Maverick Cat Coalition, Box 72051, Old Orchard P.O., Burnaby, BC V5H 4P9.