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**Trap Neuter Return Program (TNR) Application**

**Application Process:**

* Applicants must be 18 years or older.
* Property where colony is must be within the Lac La Biche County contiguous boundary.
* Animals must be at least 16 weeks old and weigh more than 1.5 kilogram.
* Applicants must complete and submit the TNR Application Form to LLBRHS.
* Please review the TNR Policy & Procedures prior to submitting an application.
* Approved applicants will be provided with Trap Loan Agreement, a list of partnering veterinary clinics and coordinate trapping efforts with the Shelter Administrator or designate.
* Applicants are responsible for travel to and from vet clinic.

**LAND OWNER CONTACT INFORMATION:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Legal Land Desc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LLBC Area (eg Hylo): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How did you hear about the TNR program?

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

**COLONY DETAILS:**

* **Number of Animals:**

Adults: \_\_\_\_\_\_\_\_\_\_\_ males & \_\_\_\_\_\_\_\_\_\_\_\_ females

Kittens (incl est ages): \_\_\_\_\_\_\_\_\_\_\_ males & \_\_\_\_\_\_\_\_\_\_\_\_ females

* **Circumstances Regarding Colony** ~ please include how long the colony has been on your property, if tame or feral, and how they came to be there:

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

* **Provision of Animal Care:** Please provide designated caretaker information and describe any care provided to the animals on your property as well as available shelter:

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

Completed applications can be submitted online, delivered to the shelter weekdays from 12:30 to 5:30 pm, or emailed to llbrhs@gmail.com. **This program is funded by dollars fundraised by volunteers; a donation of any size to help with your colony’s care costs would be welcome & appreciated if at all possible.**

**✆ 780-520-PAWS (7297) 🏠 38 Nipewon Road, Lac La Biche, AB 🖂** [**llbrhs@gmail.com**](mailto:llbrhs@gmail.com)

**DECLARATION:**

I understand that the LLBRHS offers this program as a public service to our community, that the program is administered based on need subject to funding availability, and is at the sole discretion of the LLBRHS. I also understand that the program is funded 100% by volunteer fundraising.

I understand that, should an animal in my colony be determined to be a poor surgical candidate for the procedure due to pre-existing medical conditions, the acting veterinarian has the right to refuse the procedure, and that in these circumstances, euthanasia may be the most humane option for the animal. This decision shall be at the sole discretion of the LLBRHS in consultation with the acting veterinarian.

I am prepared to provide the necessary post-operative care for the animals on my property that are spayed or neutered under this program, and I will ensure that the animals are picked up post-operatively as per instruction from the acting veterinarian.

I certify that the animals listed above are not pets, but strays/ferals residing on my property, and that the information contained in my application is true and correct.

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

Signature of Applicant Date

***For Office Use Only***

Date Application Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colony/Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved? Yes 🗖 No 🗖 Reason if denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow Up Notes (record vet confirmation & any outstanding details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Lac La Biche Regional Humane Society is committed to safeguarding the personal information collected on each application and is managed in accordance with Alberta’s Personal Information Protection Act and other applicable laws. For questions relating to the collection, use and storage of information contained within this application, please direct inquiries to the Board Secretary at llbrhs@gmail.com.*