



# City of Wichita Falls Animal Services

1207 Hatton Road Wichita Falls, TX 76302 (940)761-8894

[www.wichitafallstx.gov](http://www.wichitafallstx.gov)



## Feral Cat Colony (TVARM) Permit Application

As part of our effort to improve the lives of and reduce the number of feral cats in this community, The City of Wichita Falls Animal Services offers responsible colony caretakers the opportunity to register cat colonies in their neighborhoods. This information is required to participate in our spay/neuter TVARM (Trap-Vaccinate-Alter-Return-Manage) program. Only unowned feral cats and "barn cats" are eligible for the program.

Your name: \_\_\_\_\_

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

Your address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Your phone: (\_\_\_\_) \_\_\_\_\_

Cell number: (\_\_\_\_) \_\_\_\_\_

Who is the primary person who will monitor/maintain this colony if you are temporarily unavailable (vacation, ill, etc.):

Name: \_\_\_\_\_ phone #: \_\_\_\_\_

Name(s) of any other person(s) helping to monitor/maintain this colony:

Are you aware of any neighbors who may have a concern about our trap-vaccinate-alter-return-manage (TVARM) program or feral cats in general? YES NO

Approximate location of the colony (please be as specific as possible, using street names and numbers if possible):

\_\_\_\_\_

Approximate number of adult cats in colony: \_\_\_\_\_ Approximate number of kittens under 12 weeks old: \_\_\_\_\_

Total cats to be altered: \_\_\_\_\_

Do any of the cats appear to be injured or diseased? YES NO If yes, please describe symptoms:

Describe the care (feeding times, water, shelter) you are providing or intend to provide the colony:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The program's cost is \$10 annually after inspection, and adjacent property owners have consented to the colony has been approved.

To the best of my knowledge, I certify that all cats in the colony described are unowned feral cats and/or "barn cats." I certify that all the information I've provided is accurate. I agree to monitor and be the primary provider of food, water, shelter, and any veterinary care beyond the neuter/spay for this colony as well as comply with all ordinances



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pertaining to a feral cat colony in Ch.14 Sec. 14-222. I further understand that I can have this permit revoked if any ordinances are not followed according to Ch. 14 Sec. 14-223. I understand that an Animal Care officer or representative from The City of Wichita Falls Animal Services may periodically call or visit the colony to monitor status and conditions, to ensure proper maintenance. I understand that feral and semi-feral cats can be unpredictable. As a caretaker, I will take proper precautions and understand that The City of Wichita Falls Animal Services Center (CWFASC), CWFASC employees, City of Wichita Falls employees, volunteers, and affiliates cannot be held liable.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The City of Wichita Falls Animal Services Center  
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Phone 940-761-8894