

**ANNEXURE K
COMMUNITY CAT TRAPPING CARD**



TRACKING FORM

D. DISCHARGE BY VET CLINIC

Vet clinic to complete

Cat ID

Discharge date: _____

Discharge time: _____

Discharged by: _____

E. COLLECTION FROM VET CLINIC AND RETURN CATS TO INITIAL TRAP SITE

Volunteer to complete (please circle one)

Desexed and returned

Treated only and returned

Euthanased

Fostered

Healthy and owned (micro-chipped)

Return date: _____

Return time: _____

Volunteer name: _____

Vol id: _____

Any other comments: _____



Section A, B and E to be completed by volunteers. Sections C and D to be completed by Vet and/or vet nurses at vet clinics.

A. CHECKING TRAPS

Volunteer to complete

Voucher #

Cat ID

Please circle and tick where appropriate

Date: _____ Time: _____

Volunteer name: _____

Volunteer Id: _____ Cat id: _____

Colour: Tortie Tabby Black Ginger Grey White

Other significant features _____
(Circle all appropriate colours)

Eartipped: Yes No

Collared: Yes No

Health status Sick Injured Healthy

Trap address: _____

Type of trap site: Residential Business Industrial

Park School Church

Other: _____

Next step: Release Transport to vet clinic
(If selected complete section B below)

Release reason

Collar Ear-tipped

Other: _____

B. TRANSPORT TO VET CLINICS

Volunteer to complete

Date: _____ Time: _____

Volunteer name: _____ Vol Id: _____

Vet clinic name: _____

C. CATS AT VETERINARY CLINIC

Vet clinic to complete

Voucher #

Cat ID

1. ADMISSION INFORMATION

Admission date: _____

Admission time: _____

Admission by: _____

2. PHYSICAL EXAMINATION

(please circle where appropriate)

Micro-chipped: YES NO
If yes, microchip # _____

Ownership status: Owned Stray

Gender: Male Female

MM colour: Pink Pale pink
White Icterus

Age: Kitten Adolescent
Adult Geriatric

Body condition: Emaciated Thin
Ideal Over-condition

Wounds: Yes No
Describe wounds _____

Ocular/nasal discharge: None Mild
Moderate Severe

Pregnancy Status: Negative Positive

Lactation status: Negative Positive

3. VETERINARY MEDICAL INTERVENTION

Please tick the elected interventions

DESEX WEIGHT _____

Desexed date: _____

Recommended recovery time. Please tick below:

24 hours post op 48 hours post op

MINOR TREATMENT

Treatment date: _____

Please tick treatment done:

Antibiotic use
 Dentition removed
 Lance/flush abscesses
 Other: _____

EUTHANASE

Euthanasia date: _____

Reason for euthanasia. Please tick below:

Advanced FIV Palpable significant renomegly
 Cancerous lesions visible Severe/advanced corneal ulcers
 Icterus Severe dehydration/emaciation
 Palpable adominal tumour Severe URI* signs
 Other (describe) _____

NOTE: URI* - thick purulent nasal discharge, increased RR/RE with lung pathology auscultable, severe oral/ocular ulcerations

Medical treatment performed by:

Veterinarian: _____

Veterinary Nurse: _____