



Rochester Hope for Pets

Application for Missy's Fund – Feral Spay and Neuter Program

Please send signed/dated application to

Rochester Hope for Pets, 524 White Spruce Blvd. Rochester, NY 14623

or fax to **585-271-7815**

Missy's Fund is a cost-share grant program. The goal of this program is to assist individuals working within the feral population by providing grants to reduce the overall cost of each feral spay/neuter.

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Feral Cat Information: *Please provide as much detail as possible about the colony you are working with*

A) Location of Cats (Street Address, City, Zip): _____

B) Type of Location (neighborhood, barn, place of employment, other): _____

C) Do you routinely provide food, water and shelter for the cat colony? _____

D) Does anyone else routinely provide food, water and shelter for the cat colony? _____

E) Estimated # of cats in the colony?

F) Estimated # of unaltered cats in the colony?

G) Are there any cats within the colony that are friendly enough to be brought to RCAC in carriers?
If yes, how many?

H) How many carriers do you have access to?

I) How many cats are completely feral and would
Need to be brought to RCAC in humane traps?

J) How many traps do you have access to?

K) Have you humanely trapped feral cats before, or would you need assistance/guidance in order to trap and transport to RCAC?

L) At \$60 per surgery package, how many of these cats do you estimate you could afford to bring to RCAC for altering during the next 6 months?

M) Have you been offered any type of financial assistance in your efforts to alter cats in this colony? If yes, please explain.

N) Would you be willing to fundraise or solicit monetary donations from others (individuals or companies/organizations) to help in your efforts to alter the entire colony? Please explain.

O) Is there any other information you would like to provide us with?

I, the undersigned, have accurately completed this application and understand Rochester Hope for Pets has the right to accept or reject this application without recourse or reason. I understand that funds may not be available at the time of application. I also understand that I will be contacted if an award is to be granted.

I further certify that the information given above is true.

Signed: _____ Date: _____

Please let us know how you heard about this program : _____