PITTSTON TOWNSHIP
COMMUNITY CAT CAREGIVER REGISTRATION FORM

Date of Registration: _____

INFORMATION OF PERSON REGISTERING AS A COMMUNITY CAT CAREGIVER:

Last Name: _____ First Name: _____

Address:_____

Contact Number: ( ) _____

PHYSICAL LOCATION OR ADDRESS OF PROPERTY WHERE CARE WILL GIVEN:

_____

Do you own or rent the property where care is to be given? _____

If you are not the owner of the property, please provide the owner's information below:

Name: _____

Address:_____

Contact Number: ( ) _____

Type of care to be given: D Food□ Water D Shelter

Will you be participating in the Trap, Neuter, Vaccinate and Release Program? □ Yes □ No
If you answered yes, please provide the name and business address of the licensed veterinarian:

Veterinarian's Name: _____

Business Address_____

Phone Number: ( ) _____

I **certify that the information provided herein is true to the best of my knowledge.** I **agree to comply with provisions of the Pittston Township Cat Control Ordinance.**

Owner's Signature: _____

(THIS PART TO BE COMPLETED BY TOWNSHIP)

Date Received:_____ Registration No.: _____

Issued by: _____