

## Registering as a Feral Cat Colony Caretaker

Those individuals who wish to register as a Feral Cat Colony Caretaker must do the following:

1. Submit an Application for Registration of Feral Cat Colony form to the Athens-Clarke County Animal Control Division.
2. All applications must include a letter from an “animal rescue group” indicating that the applicant is associated with the group for the purpose of being a “feral cat colony caretaker.” For the purposes of this policy, an “animal rescue group” is any organization created for the purpose of promoting animal welfare; sheltering, fostering, or adopting domestic animals; providing education regarding animal issues; promoting surgical sterilization of domestic animals; or caring for feral cats. Such a group must be composed of at least three (3) officers (such as President, Vice President, Treasurer/Secretary) and have established by-laws. The animal rescue group is responsible for oversight of the “feral cat colony caretaker’s” management of the feral cat colony.
3. All applications must include a Permission for Colony letter signed by the owner of the property, or his duly authorized agent, where the colony is or will be located.
4. Registrations must be renewed annually.

## Vouchers

Feral cat colony caretakers will obtain voucher forms from Animal Control as needed, and will present the voucher to a participating veterinarian performing the sterilization, rabies vaccination, and ear-tipping. The caretaker will fill out the form, and both the caretaker and veterinarian will sign it. The veterinarian will then submit an invoice with the completed, signed voucher form to ACC Animal Control. ACC Animal Control will process these vouchers, and a check will be mailed to the veterinarian. The amount of the voucher will be the actual amount charged for spaying or neutering, rabies vaccination, and ear-tipping a registered feral cat colony member up to a limit of \$50.00 for a veterinary clinic or animal hospital doing business in Athens-Clarke County or up to \$35.00 for a local area non-profit humane organization.



# Athens-Clarke County Application for Registration of a Feral Cat Colony

**Caretaker Information**

Name: \_\_\_\_\_ Telephone/email: \_\_\_\_\_  
Address: \_\_\_\_\_

**Colony Information**

Location (physical address or parcel number): \_\_\_\_\_  
\_\_\_\_\_

Approximate number of individuals in colony: \_\_\_\_\_ Date of last count: \_\_\_\_\_  
Approximate number of altered individuals: \_\_\_\_\_ Vouchers issued: \_\_\_\_\_

**Rescue Group Information**

Group Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact telephone: \_\_\_\_\_

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**Property Owner Permission**

All applications must include a letter from the owner of the property on which the colony is located giving permission to the caretaker to maintain the colony on said property.

**ACC USE ONLY**

Rescue group letter attached  
 Property owner permission letter attached  
Registration is current for the period starting \_\_\_\_\_ and ending \_\_\_\_\_

**Signatures**

\_\_\_\_\_  
Caretaker name (PLEASE PRINT) Date

\_\_\_\_\_  
Caretaker signature

\_\_\_\_\_  
ACC authorized signature Date

**The registration of a feral cat colony must be renewed annually by the feral cat colony caretaker.**

**To:**

Animal Control Superintendent  
Athens-Clarke County Animal Control Division  
45 Beaverdam Road Extension  
Athens, GA 30605

**RE: Permission for Registered Feral Cat Colony on Property**

I, \_\_\_\_\_, having legal ownership, or being an  
[NAME]

authorized representative of the owner, of the property located at \_\_\_\_\_

\_\_\_\_\_  
[STREET ADDRESS or PARCEL NUMBER]

which is located within Athens-Clarke County, Georgia, do hereby grant permission to

\_\_\_\_\_  
[NAMES OF ALL PERSONS AUTHORIZED]

to manage and maintain a registered feral cat colony on this property in accordance with Chapter 4-1, Animal Control, of the Athens-Clarke County Code of Ordinances and other applicable Athens-Clarke County Animal Control Division policies and procedures.

\_\_\_\_\_  
[SIGNATURE]

\_\_\_\_\_  
[DATE]

\_\_\_\_\_  
[PRINTED NAME]

\_\_\_\_\_  
[MAILING ADDRESS]

\_\_\_\_\_  
[CITY, STATE, ZIP]

\_\_\_\_\_  
[PHONE / E-MAIL (Optional)]

Check one:

- Property Owner
- Authorized Representative of Property Owner