



**BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
OFFICE OF ANIMAL CONTROL SERVICES**
1001 E. Fayette Street
Baltimore, Maryland 21202
410-396-4689



APPLICATION FOR APPROVAL OF TRAP-NEUTER-RETURN (TNR) PROGRAM

Name of Applicant/Organization: _____ Date: _____

Name of Applicant (if different than above): _____

Applicant/Organization Address: _____

Telephone: _____ Cell: _____ E-mail: _____

Is the organization a 501(c)3?	EIN: _____
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Name of Primary Contact: _____

Applicant/Organization Address: _____

Telephone: _____ Cell: _____ E-mail: _____

Please list the neighborhood/area in which your program will operate: _____

Please note the general boundaries by street name that enclose your area:

Bordered on the North by: _____ Bordered on the South by: _____

Bordered on the East by: _____ Bordered on the West by: _____

Please describe your experience/expertise in operating a TNR program:

(Attach additional sheets as necessary)

Please provide information on training of staff and community volunteers:

(Attach additional sheets as necessary)

Please describe medical and other protocols applied to cats upon intake:

Have you received any TNR grants in the last 24 months? Please describe:

Grantor	Purpose	Dollar Amount and Duration

(Attach additional sheets as necessary)

How will cats be transported?

What veterinary offices will be used to perform spaying/neutering?

What is the expected turn-around time from pick-up to return?

How will you ensure cats do not remain in traps once traps are sprung?

THE APPLICANT ATTESTS THAT:

- HE/SHE SHALL COMPLY WITH THE RELEVANT PROVISIONS OF THE BALTIMORE CITY CODE, BALTIMORE CITY HEALTH DEPARTMENT REGULATIONS AND OTHER APPLICABLE LAWS, RULES AND REGULATIONS PERTAINING TO ANIMAL CARE AND PROTECTION.
- VOLUNTEERS WILL BE TRAINED AS FERAL CAT CAREGIVERS
- HE/SHE UNDERSTANDS THAT THIS APPROVAL MAY BE WITHDRAWN BY THE COMMISSIONER AT ANY TIME.

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

DATE

POSITION/TITLE

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For Official Use Only

The TNR Program is: _____ Approved _____ Disapproved

Baltimore City Health Commissioner

Date