



A Feral Haven

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"A S.P.O.T. in Haven" Caregiver Program

S: Spay/Neuter

P: Protect

O: Opportunity

T: Trust

A Feral Haven's (AFH) main goal is to support what you are already doing or maybe you want to start a colony of your own.

- * **S**: It is imperative to **Spay/neuter** your current colony and any new additions that may join.
- * **P**: We want to **Protect** your colony from the elements including a warm place to sleep and providing shelter from predators.
- * **O**: We believe that every cat deserves an **Opportunity** at living a healthy and full life which requires food and medical assistance.
- * **T**: We also want to gain their **Trust** so they will feel safe and secure in your colony.

In return:

A Feral Haven would ask for:

- * Monthly/Quarterly census updates
- * Use of photos of the colony for grant funding purposes and advertisements

By joining our Caregiver program, you agree to:

- Provide food, water, and shelter regardless of season
- Notify AFH of any kittens, so they may be removed, if *AFH believes that* they can be socialized
- Trap and transport cats to be spayed/neutered at one of our designated

locations

- Provide secure location for animal to heal after surgery
- Alert *AFH* of any medical issues
- Notify *AFH* if the colony has had any changes (new, deceased, missing)
- If you go out of town, you either arrange for caretaking or call *AFH* to assist
- Communicate any issues or trouble regarding colony (unhappy neighbors, etc)
- You will not abandon the colony. If you choose to stop the program, notify *AFH* and we will discuss options

By joining our program, *AFH* agrees to:

- Provide food and shelter, if needed
- Provide vouchers for the "Feral Services Package" (see website for details)
- Will loan out traps, carriers, and cages
- Assist with any medical issues, as finances allow.
- Maintain up to date records of your colony
- Offer support and tips from other Caregivers in the program
- Provide a designated "Case Manager" so you have one contact
- Respond in a timely manner

Name: _____

Address: _____

Phone: _____ Email _____

I agree to the above responsibilities:

Colony Manager Signature: _____ Date: _____

A Feral Haven Case Manager Signature: _____ Date: _____

AFH Case Manager: _____

AFH Case Manager phone number: _____