



FORGOTTEN FELINES
Of Sonoma County

June 14, 1994

Dear Veterinarian,

This letter is to introduce you to our organization, Forgotten Felines of Sonoma County. We are an all volunteer, non-profit organization dedicated to the care and control of the feral cat population. We practice the TTVAR-M method of feral cat control: trap, test, vaccinate, alter, release and maintain.

The results of our program are healthier and *non-reproducing* colonies of feral cats.

Please fill out the enclosed questionnaire and return it at your earliest convenience. If you have any questions please feel free to call either Forgotten Felines or a member of our advisory board.

Thank you for your anticipated cooperation and input. We greatly appreciate any services and support you can provide.

Sincerely,

Donna Best, FFSC President

Advisory Board

Deborah L. Crippen DVM
Lakeside Pet Hospital

Joy Mueller DVM
Guardian Pet Hospital

Charles T. Robinson DVM
Lakeside Pet Hospital

Lee W. Thorne DVM
Alderbrook Pet Hospital

Forgotten Felines of Sonoma County

1275 Fourth St. #366 • Santa Rosa, CA 95404

(707) 576-7999

Veterinarian Questionnaire

According to the FFSC Feral Cat Procedure:

We can do _____ # of cats per month, no charge.

We can do the above number at no charge and _____ # of cats at \$25.00 each.

Cats are dropped off in the A.M. :

We can accept two cats per drop off. Yes No

We can do only one cat per drop off. Yes No

We can do cats on (*please circle*) M T W Th F Sat.

Please call ahead to schedule appointment. Yes No

No need to call ahead. Just drop off cats by _____ A.M. on designated mornings.

Pick up time the following day is _____ A.M.

We can not participate by doing any of the above. However, we would like to offer the following services:

Yes, we would like a FFSC donation jar for our office.

Signed: _____

Veterinarian Hospital: _____

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Veterinarian Procedure

1. Cat will be delivered in side squeeze cage. Should have been fasted 8 hours.
2. Inject with ketamine *while in side squeeze*.
3. FELV / FIV test. Please euthanize positive cats.
4. Spay or neuter. **Please use absorbable sutures.**
5. Vaccinate : RABIES and FERCP.
6. **Ear tip.** Left for female, right for male.
7. Ivermectin injection for ear mites (optional).
8. Antibiotic injection (optional).
9. Place cat in clean kennel carrier provided for recovery.
10. Cat will be picked up the following A.M.

Please inform FFSC volunteer at time of pick-up if cat should not be released back into colony that day for any reason.

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CAT CHECK FORM

DROP OFF DATE: _____

MALE FEMALE ?

DESCRIPTION: _____

FASTED 8 HOURS YES NO

COLONY NAME: _____

VOLUNTEER: _____

VOLUNTEER PHONE: _____

PLEASE DO STANDARD PROCEDURE

SPECIAL INFO:

FOR VETERINARIAN USE ONLY:

MALE FEMALE

RABIES

FERCP

EAR TIP

FELV NEGATIVE

FIV NEGATIVE

PG

LACTATING

EUTHANIZED

SPECIAL INFO: