



# BOROUGH OF WYOMISSING

BOROUGH HALL – 22 READING BLVD.

WYOMISSING, PA 19610-2083

TELEPHONE (610) 376-7481 FAX (610) 376-8470

[www.wyomissingboro.org](http://www.wyomissingboro.org)



## Feral Cat Caregiver Permit Application

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Secondary Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Location/Area where cat(s) are located: \_\_\_\_\_

Number of cats in your care: \_\_\_\_\_ Are any cats pregnant (if known)? \_\_\_\_\_

Veterinarian providing medical care: \_\_\_\_\_

Veterinarian that performed the TVNR: \_\_\_\_\_

Number of feeding stations and location: \_\_\_\_\_  
\_\_\_\_\_

I certify by signing this application below, that I will comply with the standards for the safe trapping, treatment, and return of feral cats as required by the Wyomissing Borough ordinance.

With my signature below, I further understand that a Feral Cat Caregiver Permit, issued by the Borough of Wyomissing, does not give me the permission to enter upon private property without the permission of the landowner, for any reason.

A fee for the issuance of a Feral Cat Caregiver Permit may be established, and amended from time to time, by Resolution of the Borough Council. Applicants will be notified of any permit fees due at the time of permit issuance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Borough Approval: \_\_\_\_\_  
Wyomissing Borough Manager \_\_\_\_\_  
\_\_\_\_\_  
Date