

**S.P.O.T. (Saving Pets One at a Time)**

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**STERILIZATION ASSISTANCE APPLICATION  
For MACC (managing alley cat colonies)**

PLEASE PRINT. YOU MAY USE THE BACK OF THIS FORM FOR ANY REMARKS OR UNUSUAL CIRCUMSTANCES YOU MIGHT WANT US TO KNOW WHEN CONSIDERING YOUR APPLICATION.

Applicant's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Company \_\_\_\_\_ Designated Caretaker(s) \_\_\_\_\_

Please explain the situation you are facing with feral cats (use the back of this sheet if needed). \_\_\_\_\_

Number of animal(s) you need assistance for (please list approximate number, sex and age if known).

Cat # \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Size (lbs). \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Size (lbs). \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Size (lbs). \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Size (lbs). \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Size (lbs). \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Size (lbs). \_\_\_\_\_

Veterinarian presently used \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS A TRUE AND FACTUAL REPRESENTATION OF MY SITUATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ONCE THIS APPLICATION IS RECEIVED AND REVIEWED, YOU WILL BE CONTACTED BY A MACC VOLUNTEER. AN APPOINTMENT WILL THEN BE SET UP FOR MACC VOLUNTEERS TO ASSESS YOUR SITUATION. EACH SITUATION WILL BE MANAGED IN THE BEST POSSIBLE WAY WITH THE RESOURCES AVAILABLE. ASSISTANCE IS AVAILABLE ONLY FOR THOSE WHO LIVE IN SKAGIT COUNTY.**