

MILLCREEK TOWNSHIP
LEBANON COUNTY

81 East Alumni Avenue Newmanstown, PA 17073
Tel: 610-589-4750 / Fax: 610-589-9923
Email: millcreektwp@comcast.net

FERAL CAT CAREGIVER PERMIT APPLICATION

Name of Feral Cat Caregiver: _____

Address of Feral Cat Caregiver: _____

Daytime
Phone Number: _____ Email Address: _____

Address where cats will be housed for treatment: _____

Are you the owner of this property? Yes _____ No _____

If you are not the owner, please provide the name and address of the owner:

I agree to provide any documents or certifications that Millcreek Township may require in order to process my application.

If a Feral Cat Caregiver Permit is issued to me, I certify that:

1. I will comply with professionally recognized standards for the safe trapping, treatment, and return of feral cats.
2. The feral cats that I trap will be sterilized and vaccinated for rabies and distemper and then ear-tipped for identification.

3. The treatment described above shall be performed only by a veterinarian currently licensed in the Commonwealth of Pennsylvania.
4. The permit does not authorize me to enter upon private property without the permission of the landowner.

I verify that the statements made in this application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

I understand that any false statement may result in the denial of my application or future revocation of the Feral Cat Caregiver Permit, if approved. If this application is approved, I agree to abide by all conditions of approval and all requirements of Millcreek Township Ordinance 101123. I further understand that any violation of Millcreek Township Ordinance 101123 by me shall constitute grounds for revocation of the permit and subject me to the penalties stated in Millcreek Township Ordinance 101123.

Signature: _____

Date: _____