TRAP-NEUTER-VACCINATE-RETURN (TNVR)



REQUEST FORM - CITY OF BETHLEHEM

| Name: | |
|---|---|
| Home Address: | |
| Trapping Address (if diffe | erent than above address): |
| E-mail: | Phone Number: |
| Number of feral outsi | de/free-roaming cats in need of TNVR: |
| | Are you feeding the cats? ☐ YES ☐ NO |
| Are there any kittens? □ YES □ NO; If YES, approximate age: | |
| | |
| and transport to No N | given to residents who will get appointments and do their own trapping Ionsense Neutering (NNN). NNN will provide training and make traps vailable to those who will do their own trapping. |
| | Will you trap? □ YES □ NO |
| If no; please provide the | reason you cannot trap: |
| | sistance is limited and if you are not willing or unable to trap, you will be vait list. Volunteers will assist as time and appointments are available. |

The City of Bethlehem has a surgery contract with No Nonsense Neutering (located at 1044 N Quebec St., Allentown; east-side off of Union Blvd.) by appointment only. Once an approval/confirmation e-mail is received, appointments can then be obtained at https://www.nnnlv.org/nnn-events-page/. Once appointments are scheduled, a voucher will be issued.