



City of Louisiana

TRAP-NEUTER-RETURN (TNR) SPONSOR APPLICATION

Submit this application to Animal Control with a copy of written educational materials for Caregivers addressing uniform standards and procedures for Colony maintenance per Ordinance 210.115

Date of Application_____

Sponsor	
Animal Welfare Provider	
Street Address	
City, State, Zip	
Phone	
Emergency Number	
E-Mail Address	

- ☐ I have read and understand Ordinance 69798 and will follow the Sponsor requirements listed.
☐ Check here if interested in joining the TNR Task Force

Indicate 3 designated contact persons for questions and/or concerns (if applicable, per Animal Welfare Provider)..			
	Name	Address	Telephone
1			
2			
3			

I hereby certify that the information provided is correct, and I understand that any deviation from this information without prior permission from Animal Control will result in denial of this application and/or revocation of status as a Sponsor.	
Applicant Signature	Date

Approval of this application by Animal Control does not indicate compliance with any other code, law, or regulation that may be required by federal, state, or local authorities.

For Internal Use Only	
<input type="checkbox"/> Sponsor Approved	Date
<input type="checkbox"/> Approval to TNR Task Force	Date
Director's Signature:	Date