

24 hr post ear tip survey

Last name: _____

Date of procedure: _____

Are you satisfied with the amount of ear tip removed during this procedure? Yes or no? If no, please let us know what individuals you noted this on.

OPTIONAL feedback:

Are you satisfied with the overall silhouette (end shape) of the tipped ear after this procedure? Yes or no? If no, please let us know what individuals you noted this on.

OPTIONAL feedback:

Supplemental Figure 2. 24 hours post surgery survey. Caretakers emailed researcher MS this Google Document to give their assessment of their cats' ears on both amount removed and shape.

1 month post tip survey

Last name: _____

Date of procedure: _____

Are you still satisfied with the overall silhouette (end shape) of the tipped ear after the recovery period? Yes or no? If no, please let us know what individuals you noted this on.

OPTIONAL feedback :

Are you still satisfied with the amount of tip removed after the recovery period? Yes or no? If no, please let us know what individuals you noted this on.

OPTIONAL feedback:

Did you notice any complications with the ear tipping procedure after the cats were released? Yes or no? Please explain what complications might have arisen as well as what individuals you noticed this in.

Supplemental Figure 3. One month post surgery survey. Caretakers emailed researcher MS this Google Document to give their assessment of their cats' ears on both amount removed and

shape, as well as report any possible complications that may have arisen over time, such as infection or necrosis.