



AlleyCATS Alliance

AlleyCATS Alliance Society Box 332, 113-437 Martin Street
Penticton, BC, V2A 5L1 250-462-8195

Date: _____

Rescue Assistance Form

ESTIMATE PRIORITY LEVEL: 1 2 3 4 5

Name of Person Requesting Assistance:			
Address:			
City/Town:		Postal Code:	
Email Address:			
Phone Number:	H.	W.	C.
Description of cat(s)/issue/concern:			
Is it possible this cat belongs to one of your neighbors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or someone else currently caring for the cat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to assist with transporting/fostering? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any signs of illness/injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the cat friendly? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How much are you or neighbors willing to contribute financially towards this project?			
Additional Information:			
NOTE: Requests for help will be handled in priority sequence as funding and resources allow. This order is determined by many factors: Willingness of people to assist and contribute financially, condition of cats, condition of environment, and other cases which may be more urgent.			