



## AlleyCATS Alliance Society

Box 332 113-437 Martin Street, Penticton BC. V2A 5L1  
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### Rescue Assistance Form

ESTIMATE PRIORITY LEVEL      1      2      3      4      5

NAME OF PERSON REQUESTING ASSISTANCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Description of cat(s)/issue/concern:

Is it possible this cat belongs to one of your neighbours?      Yes      No

Are you or someone else currently caring for the cat(s)?      Yes      No

Are you able to assist with transporting/fostering?      Yes      No

Are there any signs of illness/injury?      Yes      No

Is the cat friendly?      Yes      No

How much are you or neighbours 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.