



**IN THE WOODS ANIMAL RESCUE SOCIETY**

P.O. Box 134, Nampa, AB, T0H 2R0

Email: [inthewoods@zoho.com](mailto:inthewoods@zoho.com)

Sheryl Woods (780) 618 6603 • Cheryl Bastien (780) 523 7525

**CAT ADOPTION APPLICATION FORM**

In The Woods Animal Rescue adoption applicants must be 21 years of age or older

- ❖ Please contact Sheryl Woods (780) 618-6603 OR Cheryl Bastien (780) 523-7525 regarding the adoptable cats.
- ❖ Email completed application to [inthewoods@zoho.com](mailto:inthewoods@zoho.com)

<b>YOUR INFORMATION</b>				
Name(s)		Residential Address		
Mailing Address		Home Phone Number		
City and Province		Cell Phone Number		
Postal Code		Email Address		
Your place of employment:				
<b>What Kind of cat would you prefer? Please mark your preferences below with an "X"</b>				
<b>AGE</b>	<b>SEX</b>	<b>HAIR LENGTH</b>	<b>COLOR</b>	<b>WILL YOUR CAT BE:</b>
<input type="checkbox"/> Adult	<input type="checkbox"/> Male	<input type="checkbox"/> Long	Which colour do you prefer?	<input type="checkbox"/> Indoors
<input type="checkbox"/> Kitten	<input type="checkbox"/> Female	<input type="checkbox"/> Medium		<input type="checkbox"/> Other, please explain
	<input type="checkbox"/> Either	<input type="checkbox"/> Short		Are you aware of your area's Responsible Pet Ownership Bylaw?
		<input type="checkbox"/> Any Length		<input type="checkbox"/> Yes <input type="checkbox"/> No
How many adults reside in your home?		Date of Birth (MM/DD/YY)		If there are children in the home, what are their ages?
How long are you away from home on an average day? (please mark with an X)			The following describes our home atmosphere	
<input type="checkbox"/> Home all day <input type="checkbox"/> Out part-time <input type="checkbox"/> Away 8-10 hours			<input type="checkbox"/> Very busy <input type="checkbox"/> Active <input type="checkbox"/> Some activity <input type="checkbox"/> Quiet	
<b>Please tell us about the companion cats you have owned in the last 10 years</b>				
Cats names		Age		Which In The Woods Animal Rescue Society cat are you interested in?
Have you adopted from In The Woods Animal Rescue Society before?				
Do you currently own any cats?		What are their names and ages?		List other types of animals in the home:
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have they had experience living with other cats (please mark with an X)			Name and phone number of your current Veterinary Clinic	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know				
Do you own or rent your home?		Landlord name/Management Company		Landlord phone number
<input type="checkbox"/> Own <input type="checkbox"/> Rent				
<b>If you have a lease, please send the signed section dealing with pet ownership along with your application.</b>				
1. Personal reference/name & number		2. Personal reference/name & number		3. Personal reference/name & number

By signing and submitting this application, you are giving permission to In The Woods Animal Rescue Society to verify your information by contacting the people you have referenced above.

Signature \_\_\_\_\_

Date \_\_\_\_\_