



IN THE WOODS ANIMAL RESCUE SOCIETY

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

Email: 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

YOUR INFORMATION

Name(s) Residential Address

Mailing Address	Home Phone Number
City and Province	Cell Phone Number
Postal Code	Email Address

Your place of employment:

What Kind of cat would you prefer? Please mark your preferences below with an "X"

AGE	SEX	HAIR LENGTH	COLOR	<input type="checkbox"/> Indoors
<input type="checkbox"/> Adult	<input type="checkbox"/> Male	<input type="checkbox"/> Long	Which colour do you prefer?	<input type="checkbox"/> Other, please explain
<input type="checkbox"/> Kitten	<input type="checkbox"/> Female	<input type="checkbox"/> Medium	WILL YOUR CAT BE:	

<input type="checkbox"/> Either	<input type="checkbox"/> Short <input type="checkbox"/> Any Length	Are you aware of your area's Responsible Pet Ownership Bylaw? <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) Home all day Out part-time Away 8-10 hours Very busy Active Some activity Quiet

The following describes our home atmosphere

Please tell us about the companion cats you have owned in the last 10 years

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?

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Do you currently own any cats? ___Yes ___No	What are their names and ages?	List other types of animals in the home:	
Have they had experience living with other cats (please mark with an X) ___ Yes ___ No ___ Don't know		Name and phone number of your current Veterinary Clinic	
Do you own or rent your home? ___ Own ___ Rent	Landlord name/Management Company	Landlord phone number	
If you have a lease, please send the signed section dealing with pet ownership along with your application.			
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 _____