



Compassion for Animals Today

## Bequest Funded Feline Registration Form

### Owner Applicant

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**In the event of my illness or death, I have made arrangements with Here Today Adopted Tomorrow Animal Sanctuary to care for my cat(s). Please contact them at once, as my cat(s) will need to be cared for immediately.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please use one form for each of your cats. Make copies of this form and send one to Here Today Adopted Tomorrow Animal Sanctuary, Attn: Bequest Funded Feline Program, one to the executor of your estate, one to your designated family/friend, and keep one with your important papers.*

### Designated Family/Friend to Inform Shelter of Your Passing

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Executor of Your Estate

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Cat's Demographics

Please affix a color photo of your cat

Cat's Name: \_\_\_\_\_

Sex?  F  M Spayed/Neutered?  Y  N Cat's Age: \_\_\_\_\_

Does your cat have a microchip?  Y  N

## Cat's Behavior

Can you touch your cat? Explain. \_\_\_\_\_

Can other people touch your cat? Explain. \_\_\_\_\_

Has your cat ever scratched someone and drawn blood? Explain. \_\_\_\_\_

Has your cat ever bitten someone and drawn blood? Explain. \_\_\_\_\_

Does your cat use the litterbox?  Y  N

Does your cat ever have accidents outside the litterbox?  Y  N

If Y, explain. \_\_\_\_\_

Does your cat live indoors, outdoors, or some combination? Explain. \_\_\_\_\_

Has your cat lived with/without other animals? If so, what kind? Explain. \_\_\_\_\_

Has your cat lived with/without children? If so, what ages? Explain. \_\_\_\_\_

Did you cat have issues with other animals/children?  Y  N

If Y, explain. \_\_\_\_\_

## Cat's Health

Does your cat eat canned food, dry food, or some combination? Explain. \_\_\_\_\_

Does your cat have any special dietary needs? Explain. \_\_\_\_\_

Is your cat on any current medications? Explain. \_\_\_\_\_

Does your cat have any recurring health problems? Explain. \_\_\_\_\_

Does your cat have any allergies? To Food? Medication? Explain. \_\_\_\_\_

Who is Your Cat's Veterinarian? \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Miscellaneous

Is there anything else we should know about your cat? \_\_\_\_\_