



cat adoption team

Loving Legacy Program Enrollment Form

Thank you for including Cat Adoption Team in your estate plan and entrusting CAT with the care of your beloved cat/s should you become unable to care for them. This enrollment form is designed to help ensure that your cat/s care and protection is carried out according to your wishes. The information you provide will be confidential and secured within CAT's private files and used exclusively to carry out your estate plan for the care of your cats.

Please note that this enrollment form is not a legal document or a binding pledge. You should consult with your legal advisors about your estate plans.

Please print clearly on this form.

Your Full Legal Name _____ Date of Birth _____

Name of Spouse _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Mailing Address (if different than street address)

The following language should be included in your estate plan as well as filled out for Cat Adoption Team's confidential records:

1. I give, devise, and bequeath my cat/s to the Cat Adoption Team in Sherwood, OR (EIN# 20-0773189)
2. I give, devise, and bequeath the sum of \$ _____ to CAT to care for my cat/s while looking for a permanent home through its adoption program. I authorize CAT to pay all expenses that it deems reasonable in connection with the care, maintenance and placement of my cat/s.
3. I request that my cat/s be cared for and treated as household pets and receive all reasonable care while waiting for his/her forever home. However, in the event of serious illness or injury, I do not desire that extraordinary means be used to prolong my cat/s lives; and provide further that CAT may euthanize my cat/s if the quality of life of my cat/s suffers.

Additional comments:

4. If I am not survived by my cat/s, the gift to the Cat Adoption Team shall be used by CAT for the support of its general operations.

Description of Bequest for “Loving Legacy” Program

- I/We have included the Cat Adoption Team in my/our estate plan in the following manner:
 - Guardianship of our cat/s
 - A gift to CAT while we are alive
 - Outright bequest in will
 - Real Estate – please attach copies related to your gift
 - Percentage of estate (___%)
 - Beneficiary of life insurance
 - Trust created in my will – please attach copies related to your gift
 - Beneficiary of IRA or other pension plan – please attach copies related to your gift
 - Other – please attach copies related to your gift

Please provide any necessary details:

To help ensure your wishes are achieved, please describe your current or future gift:

Exact Language of Provision:

Please write in the space below or attach a copy of the provision or page on which the provision is contained. It is not necessary to include a copy of your entire estate plan.

Estimated Value of the Provision:

(For percentages and remainders of an estate, provide a good faith estimate of the dollar value as of the date this form is signed.)

\$ _____ as of (date) _____

- I/We wish to be acknowledged in CAT publications.

Please list my/our name as follows: _____

- I/We do NOT wish to be acknowledged in CAT publications.

THIS IS NOT A BINDING LEGAL DOCUMENT. Your signature verifies only that the above information is accurate as of this date. CAT recognizes that the values of deferred gifts as well as the provisions themselves may change over time. Should you update your estate plans, you may want to ensure that any provision for CAT is directed to “The Cat Adoption Team, a charitable organization located in Sherwood, OR – Tax ID# 20-0773189.” Including such language makes it easier for your gift to be put to the use(s) you intend.

Please include the enrollment fee of \$100 per cat and the individual cat profile with the signed enrollment form.

Thank you and welcome as a participant in the Cat Adoption Team’s “Loving Legacy” Program.

Signed _____ Date _____

Signed _____ Date _____

Cat Adoption Team
14175 SW Galbreath Drive
Sherwood, OR 97140
Tax ID 20-0773189

Contact: Kim Christiansen, Development Manager: 503-925-8903 x257 or kimc@catadoptionteam.org

This original document will be kept in a confidential CAT file. Please retain a copy of this signed document in your own personal files. The donor may wish to distribute information on their enrollment to their attorney, estate personal representative and designated interim care provider.

Please feel free to attach a letter to your cat/s new caregiver, or any other instructions that will enable CAT to find the perfect home and make the transition easy on your cat/s.

Loving Legacy Program – Cat Profile Form

Date Form Completed _____

Owner's Name _____

Owner's Date of Birth _____

Home Telephone _____ Alternate Telephone _____

Address _____ City _____ State _____ Zip _____

Information on this animal's designated interim care provider in the event of owner's death:

Care Provider Name _____ Relationship _____

Home Telephone _____ Alternate Telephone _____

Address _____ City _____ State _____ Zip _____

Cat's Name _____ Breed _____ Approximate Date of Birth _____

Sex: Male Female Neutered Male Spayed Female

Physical Description (color, size, etc) _____ Microchip # _____

Have owned this animal since (date) _____

Declawed: Y / N Front Declawed Rear Declawed Both

Was this cat adopted from Cat Adoption Team? Y / N

Current Veterinarian _____ Clinic _____

Address _____ City _____ State _____ Zip _____

Office Telephone _____ Cared for Since _____

Please attach all relevant medical and health records (including vaccination schedules and FIV/FeLV testing if available) and describe any current medical problems or medications:

The information on this form is to the best of my knowledge accurate and complete. I agree that I will provide updated information for this cat to CAT annually. If the information on this form changes significantly, I will provide updated information to CAT in a timely manner. In the event of my death, I hereby give my veterinarian permission to release all health information about his cat to officials at Cat Adoption Team.

Signed _____ Date _____

Your Cat's Habits

Check all that apply:

- Indoors only
- Outside only
- Indoors with access to outdoors
- In barn or shed
- Other _____

- Uses litterbox
- Goes outdoors
- Has occasional accidents
- Has frequent accidents
- Sprays

My cat prefers _____ (brand/type) of cat litter

- My cat eats approximately _____ (amount) of _____ food (brand/type)
- Once a day (morning or evening)
 - Twice a day
 - Food left out always
 - Other _____

Your Cat's Experiences with Children

Would you recommend that your cat be placed in a home with children?

- Yes, children of any age
- Yes, but only children older than _____
- No

Your Cat's Experiences with Other Animals Check all that apply.

- Other cats: ___ Positive ___ Negative ___ No experience
Dogs: ___ Positive ___ Negative ___ No experience
Rodents: ___ Positive ___ Negative ___ No experience
Other: ___ Positive ___ Negative ___ No experience (Please specify _____)

Your Cat's Personality and Behaviors

Place an X on each line above or between the phrases that best describes your cat's behavior.

Shy, reclusive with strangers	Highly interactive with family	Greets company at the door
Not interested in play	Sporadically playful	Engages in play several times a day
Does not scratch; Scratches on post	Occasionally scratches inappropriately	Scratches anything in sight
Light eater	Average eater	Must watch weight
Prefers own bed	Has favorite places	Everything is his/her
Prefers own space	Lap cat	Enjoys being picked up and/or carried
Soft paws/mouth	Will bite in rough play	Careful! He/She scratches!
Enjoys brushing, nail clipping	Tolerates brushing, nail clipping	Must be sedated for brushing, nail clipping