



Loving Legacy Enrollment Form

Thank you for including the Cat Adoption Team (CAT) in your estate plan and entrusting us with the care and rehoming of your beloved cat(s) in the event of your passing. The information you provide on this enrollment form is confidential and used exclusively to carry out your estate plan according to your wishes.

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 type or print clearly.

Your Full Legal Name: _____

Date of Birth: _____

Full Legal Name of Spouse: _____

Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Home Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

Mailing Address (if different than above): _____

City, State, Zip: _____

Description of Planned Gift

I/we have included the Cat Adoption Team in my/our estate plan in the following manner:

- Guardianship of our cat(s)
- And -
- Outright bequest of \$_____ and/or _____% of estate in will
- Beneficiary of life insurance policy
- Beneficiary of IRA or other pension plan
- Charitable Remainder Trust
- Charitable Lead Trust
- Other _____

To help ensure that your wishes are achieved, please describe your planned gift below.

Exact Language for Transfer of Guardianship:

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

Exact Language of Gift Provision:

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

Estimated Value of the Gift:

For percentages and remainders of an estate, please provide a good faith estimate of the dollar value as of the date this form is signed. Your estimate is for record-keeping purposes only.

\$_____ as of (date) _____

Roger James Society

The Roger James Society honors individuals who have demonstrated their commitment with an estate or planned gift to CAT. Members may be recognized in CAT publications, unless you indicate your wish to remain anonymous.

I/we wish to be acknowledged in CAT publications.

Please list my/our name as follows: _____

I/we do NOT wish to be acknowledged publicly for our planned gift.

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, Oregon – Tax ID# 20-0773189.” Including such language makes it easier for your gift to be put to the use(s) you intend.

This original document will be kept confidential in CAT’s files. Please retain a copy of this signed document for your own records. You may also wish to distribute a copy of this information to your attorney/estate planner, personal representative, and designated interim care provider.

Thank you and welcome to the Cat Adoption Team’s Loving Legacy Program and Roger James Society.

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

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

Questions? Please contact our Communications and Development Office at
(503) 925-8903 x228 or development@catadoptionteam.org.

Loving Legacy – Cat Profile Form

Please type or print clearly. Please complete one form per cat.

Date Form Completed: _____

Owner's Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City, State, Zip: _____

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

Care Provider Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City, State, Zip: _____

Cat Information

Cat's Name: _____ Approximate DOB: _____

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

Have owned this animal since (date): _____

Where did you get your cat? _____

Is your cat Male or Female? Has s/he been spayed/neutered? Yes No

Has your cat been declawed? Yes No If yes: Front only All Four At what age? _____

Where does your cat live? Indoors only Outdoors only Indoors/Outdoors

Name of Current Veterinarian: _____

Current Veterinary Clinic: _____

Address: _____ City: _____ State: _____ Zip: _____

Clinic Phone Number: _____

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

Cat Background and Personality Questionnaire

For what type of household do you believe your cat would be best suited: (Check all that apply)

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Young children OK | <input type="checkbox"/> OK with male cats | <input type="checkbox"/> Needs a cat companion for company |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> NO young children | <input type="checkbox"/> OK with female cats | <input type="checkbox"/> Doesn't get along with other cat(s) |
| <input type="checkbox"/> Adults only | <input type="checkbox"/> Seniors | <input type="checkbox"/> OK with dogs | <input type="checkbox"/> Doesn't get along with dog(s) |
| <input type="checkbox"/> Other: _____ | | | |

Please check any of the following personality traits you've observed in your cat: (Check all that apply)

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Lap cat | <input type="checkbox"/> Mellow | <input type="checkbox"/> Likes to be held |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Very active | <input type="checkbox"/> Vocal | <input type="checkbox"/> Likes to be petted, not held |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Shy | <input type="checkbox"/> Demanding | <input type="checkbox"/> Fearful/Easily frightened |
| <input type="checkbox"/> Feral (wild) | <input type="checkbox"/> Somewhat Feral | <input type="checkbox"/> Unpredictable | <input type="checkbox"/> Other: _____ |

Is your cat accustomed to: (Check all that apply)

- | | | | |
|--|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Nail clipping | <input type="checkbox"/> Bathing | <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Brushing/Combing |
|--|----------------------------------|---------------------------------------|---|

Does your cat have allergic reactions to: (Check all that apply)

- | | | | |
|-------------------------------|--------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Food | <input type="checkbox"/> Fleas | <input type="checkbox"/> Medication | <input type="checkbox"/> Other: _____ |
|-------------------------------|--------------------------------|-------------------------------------|---------------------------------------|

What type of food does your cat like to eat: (Check all that apply)

- | | | | |
|--------------------------------------|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Canned only | <input type="checkbox"/> Dry only | <input type="checkbox"/> Canned and Dry | <input type="checkbox"/> Special Diet |
|--------------------------------------|-----------------------------------|---|---------------------------------------|

What brands of food does your cat prefer? Canned: _____ Dry: _____

What type of litter do you use? Clay Clumping Other: _____

Please list any special medications (with dosage): _____

The more we know, the more can do to advise prospective adopters on how to deal with them. **Please indicate any behavioral issues your cat may have:** (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Urinates outside the litter box | <input type="checkbox"/> Bites | <input type="checkbox"/> Hides/afraid all the time |
| <input type="checkbox"/> Defecates outside the litter box | <input type="checkbox"/> Scratches people | <input type="checkbox"/> Vomits Frequently |
| <input type="checkbox"/> Sprays on furniture/floor | <input type="checkbox"/> Scratches furniture | <input type="checkbox"/> Furball Problems |
| <input type="checkbox"/> Other: _____ | | |

Is there any other information you would like the new owners to have (personality, likes/dislikes, etc.)? _____

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 upon request of 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 authorize the transfer of my cat's medical records and/or microchip to the Cat Adoption Team and/or a new owner in the event this cat is adopted.

Signature: _____ **Date Signed:** _____