PAWS LEGACY PETS

Cat Enrollment

Owner Information

Full Name: _____

Phone Number: _____

Email Address: _____

Physical Address: _____

Mailing Address (if different): _____

Pet Information

Pet's Name: _____ Species/Breed: _____

Age: _____ Weight: _____ Sex: [ ] Male [ ] Female Spayed/Neutered: [ ] Yes [ ] No

Microchip #: _____

Veterinary Information

Veterinarian Name/Clinic: _____

Phone Number: _____

May we contact your veterinarian for records? [ ] Yes [ ] No

Alternate Contact (in case of emergency)

Name: _____ Relationship: _____

Phone: _____

Does your cat have 24-hour access to a litter box in the home? Yes No

If no, did your cat use the bathroom outdoors? Yes No

Is the cat particular about litter? Yes No If so, what brand? _____

Does the cat ever have accidents in the home? Yes No
If yes, please circle the accidents:

Urinates outside the box	Urinates on clothing/furniture
Defecate outside the box	Sprays on walls/furniture
All of the above	Other_____

How often was the litter box scooped? Every day Every few days Weekly Other

Where was the litter box kept? _____

If you have other cats, how many shared a litter box? Please circle
-One -Two or more -Many cats shared on box -Multiple boxes for multiple cats

If litter box accidents were an issue, when did they begin? Please circle.
-Past week -Past month - Past year -Ongoing

If litterbox accidents were an issue, please list any event(s) that might have influenced or triggered inappropriate litter box use (moving, new baby, new pet)._____

_____

_____

If litterbox accidents were an issue, please describe the measures you have taken to correct this problem.

_____

_____

_____

Is the cat on any medication? Yes
If yes, what and what is the dosage? _____

What kind of food is your cat eating? _____

Was this cat allowed outdoors? Yes No
If yes, did you have him or her on a harness and leash while outside? Yes No

Does the cat do any of the following? (check all that apply)

Jump on counters	Scratch furniture	Chew Plants
Scratches doors/cabinets	Chew personal items	Climb curtains
Digs in garbage	Vocalizes too much	

How did you attempt to correct the problem(s)? _____

_____

How would you describe this cat's usual behavior? (circle all that apply)

Friendly to family	Very active	A clown	Couch potato
Friendly to visitors	Playful	Aloof	Withdrawn
Shy to family	Affectionate	Talkative	Independent
Shy to visitors	Quiet	Lap cat	Playful
More like a dog	Fearful	Fearless	Solitary

Has the cat been exposed to dogs? Yes No

If yes, how did they react? _____

Legacy Society Agreement

I, the undersigned, enroll my pet in the PAWS Pet Legacy Society. In the event of my death or permanent incapacity, I authorize PAWS – Providing Animal Welfare Services (Tax ID #83-0326768) to assume custody of my pet. I understand that PAWS will provide compassionate care and rehoming efforts or sanctuary placement, as deemed appropriate by PAWS. I agree to notify PAWS of any changes to my pet's health, my contact information, or the designated emergency contact.

[ ] I have made provisions for this arrangement in my will/trust.
[ ] I have not yet made legal arrangements but plan to.

Signature of Owner: _____

Date: _____

PAWS Representative: _____

Date Received: _____

PAWS Pet Legacy Program: Planning Checklist for Pet Owners

1. **Document Your Pet's Care Needs:**
    - Feeding instructions, medical conditions, and behavior quirks
    - Vet records and microchip info
2. **Choose Emergency Contacts:**
    - Name at least one person who can be contacted quickly if you become unable to care for your pet

3. **Communicate with PAWS:**
    - Fill out the enrollment form and submit to PAWS
    - Update the form as your pet ages or your situation changes
4. **Make It Legal:**
    - Add your wishes to your **will** or, ideally, create a **pet trust**
    - Include PAWS' name and contact details in your estate documents
5. **Optional: Provide a Care Fund:**
    - Consider leaving a donation or including PAWS in your estate plan to support your pet's long-term care
6. **Keep Copies Accessible:**
    - Give copies of the form to your emergency contact, your vet, and PAWS

For questions, please contact:
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