



VANCOUVER ORPHAN KITTEN RESCUE ASSOCIATION

## CONTINUAL CARE PROVISIONS

604-731-2913 or continualcare@vokra.ca

It's important to take time to think about what would happen to your cat(s) if you become seriously ill or die unexpectedly. Please discuss your wishes with your next of kin and leave written instructions so they know your wishes. If need be, VOKRA can assist in re-homing your cat(s).

You may also want to make your wishes official by leaving them in your will and/or setting money aside for food, grooming, boarding and vet care. You can learn more about leaving money in your will on our website at [www.vokra.ca/planned-giving](http://www.vokra.ca/planned-giving)

Please fill out page two for any additional cats in your household and duplicate as necessary.

### INFORMATION FOR CAREGIVERS

Date:

Cat's name:	Birthday or age:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Color and/or markings:
My cat is fed <input type="checkbox"/> Once a Day <input type="checkbox"/> Twice a Day    Approximate Times:	
Food my cat likes <input type="checkbox"/> WET <input type="checkbox"/> DRY - Brand:	
Litter my cat likes <input type="checkbox"/> Clay <input type="checkbox"/> Pine <input type="checkbox"/> Wheat <input type="checkbox"/> Corn <input type="checkbox"/> Crystal <input type="checkbox"/> Clumping <input type="checkbox"/> Non Clumping Brand:	
My cat is <input type="checkbox"/> Indoor Only <input type="checkbox"/> Allowed Outdoors	
My cat likes to sleep <input type="checkbox"/> In Cat Bed <input type="checkbox"/> On the Bed <input type="checkbox"/> Other:	
<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered    Vaccines name & date given:	
<input type="checkbox"/> Tattoo #	<input type="checkbox"/> Microchip # <input type="checkbox"/> None
Name of Vet & Phone #:	
Medical issues:	
My cat must go with another cat <input type="checkbox"/> Yes    Name of other cat:	
Where I would like my cat to go:	

My next of kin is:

Phone Number:

My lawyer is:

Phone number:

Name of owner:

Signature:

**COMPLETE THIS PAGE AND ATTACH TO FIRST IF YOU HAVE ADDITIONAL CATS**

Cat's name:	Birthday or age:
<input type="checkbox"/> male <input type="checkbox"/> female	Color / markings:
My cat is fed <input type="checkbox"/> Once a Day <input type="checkbox"/> Twice a Day Approximate Times:	
Food my cat likes <input type="checkbox"/> WET <input type="checkbox"/> DRY - Brand:	
Litter my cat likes <input type="checkbox"/> Clay <input type="checkbox"/> Pine <input type="checkbox"/> Wheat <input type="checkbox"/> Corn <input type="checkbox"/> Crystal <input type="checkbox"/> Clumping <input type="checkbox"/> Non Clumping	
Brand of litter:	
My cat is <input checked="" type="checkbox"/> Indoor Only <input checked="" type="checkbox"/> Allowed Outdoors	
My cat likes to sleep <input checked="" type="checkbox"/> In Cat Bed <input checked="" type="checkbox"/> On the Bed <input checked="" type="checkbox"/> Other:	
<input type="checkbox"/> Spayed/Neutered Vaccines name & date given:	
<input checked="" type="checkbox"/> Tattoo # Á	<input checked="" type="checkbox"/> Microchip # <input checked="" type="checkbox"/> NoneÁ
Name of Vet and Phone #	
Medical Issues:	
My cat must go with another Yes Name of other cat:	
Where I would like my cat to go:	
Is there anything else we should know:	

Cat's name:	Birthday or age:
<input type="checkbox"/> male <input type="checkbox"/> female	Color / markings:
My cat is fed <input type="checkbox"/> Once a Day <input type="checkbox"/> Twice a Day Approximate Times:	
Food my cat likes <input type="checkbox"/> WET <input type="checkbox"/> DRY - Brand:	
Litter my cat likes <input type="checkbox"/> Clay <input type="checkbox"/> Pine <input type="checkbox"/> Wheat <input type="checkbox"/> Corn <input type="checkbox"/> Crystal <input type="checkbox"/> Clumping <input type="checkbox"/> Non Clumping Brand:	
Brand of litter:	
My cat is <input type="checkbox"/> Indoor Only <input type="checkbox"/> Allowed Outdoors	
My cat likes to sleep <input type="checkbox"/> In Cat Bed <input type="checkbox"/> On the Bed <input type="checkbox"/> Other:	
<input type="checkbox"/> Spayed/Neutered Vaccines name & date given:	
<input type="checkbox"/> Tattoo #	<input type="checkbox"/> Microchip # <input type="checkbox"/> None
Name of Vet and Phone #	
Medical issues:	
My cat must go with another <input type="checkbox"/> Yes Name of other cat	
Where I would like my cat to go:	
Is there anything else we should know:	



## Canadian Registered Charities - Detail Page

The Charities Directorate has not necessarily verified the information provided by the Charity.

### **VANCOUVER ORPHAN KITTEN RESCUE ASSOCIATION**

**BN/Registration Number:** 860234467RR0001  
**Charity Status:** Registered  
**Effective Date of Status:** 2002-07-15  
**Sanction:** N/A  
**Language of Correspondence:** English  
**Designation Description:** Charitable Organization  
**Charity Type:** Benefits to the Community & Other  
**Category:** Protection of Animals  
**Address:** PO BOX 74571  
**City:** VANCOUVER  
**Province/Territory/Other:** BRITISH COLUMBIA  
**Country:** CA  
**Postal Code/Zip Code:** V6K3W6  
**Charity Email Address:** RESCUE@VOKRA.CA  
**Charity Web site Address:** [WWW.VOKRA.CA](http://WWW.VOKRA.CA)