

### **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

Date:

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

#### **INFORMATION FOR CAREGIVERS**

Cat's name:	Birt	thday or age:
☐ Male Female	Color and/or markings:	
My cat is fed ☐ Once a [	Day   Twice a Day Approximate	e Times:
Food my cat likes ☐ WE	T 🗖 DRY - Brand:	
Litter my cat likes   Clay	y 🗆 Pine 🗆 Wheat 🗖 Corn 🗖	Crystal  Clumping  Non Clumping
Brand:		
My cat is ☐ Indoor Only	☐ Allowed Outdoors	
My cat likes to sleep ☐ I	n Cat Bed 🛘 On the Bed 🗖 Oth	er:
☐ Spayed ☐ Neutered	Vaccines name & date given:	
☐ Tattoo #	☐ Microchip #	☐ None
Name of Vet & Phone #:		
Medical issues:		
My cat must go with anot	her cat ☐ Yes Name of other o	cat:
Where I would like my ca	t 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	rage:	
☐male ☐ female	Color / markings:		
My cat is fed ☐ Ond	ce a Day 🗖 Twice a Day Approximate Times:		
Food my cat likes	J WET □ DRY - Brand:		
Litter my cat likes	Clay Pine Wheat Corn Crystal	☐ Clumping ☐ Non Clumping	
Brand of litter:			
	Only  Allowed Outdoors		
My cat likes to sleep	◆ In Cat Bed ◆ On the Bed ◆ Other:		
□Spayed/Neutered	Vaccines name & date given:		
<b>Φ</b> Tattoo # Á	◆ Microchip #	<b>◆</b> NoneÁ	
Name of Vet and Ph	one #		
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 o	rane.	
Cat's name:	Birthday or	r age:	
□male □ female	Color / markings:	· ·	
□male □ female My cat is fed □ Onc	Color / markings: e a Day  Twice a Day Approximate Times:	· ·	
☐male ☐ female  My cat is fed ☐ Once  Food my cat likes ☐	Color / markings: e a Day Twice a Day Approximate Times: WET DRY - Brand:		
☐male ☐ female  My cat is fed ☐ Onc  Food my cat likes ☐	Color / markings: e a Day  Twice a Day Approximate Times:		
□male □ female  My cat is fed □ Onc  Food my cat likes □  Litter my cat likes □  Brand of litter:	Color / markings: e a Day Twice a Day Approximate Times: WET DRY - Brand:		
□male □ female  My cat is fed □ Onc  Food my cat likes □  Litter my cat likes □  Brand of litter:  My cat is □ Indoor 0	Color / markings:  e a Day  Twice a Day Approximate Times:  WET  DRY - Brand:  Clay  Pine  Wheat  Corn  Crystal Con		
□male □ female  My cat is fed □ Onc  Food my cat likes □  Litter my cat likes □  Brand of litter:  My cat is □ Indoor C  My cat likes to sleep	Color / markings:  e a Day  Twice a Day Approximate Times:  WET  DRY - Brand:  Clay  Pine  Wheat  Corn  Crystal 0		
□male □ female  My cat is fed □ Onc  Food my cat likes □  Litter my cat likes □  Brand of litter:  My cat is □ Indoor C  My cat likes to sleep	Color / markings: e a Day  Twice a Day Approximate Times: WET  DRY - Brand: Clay  Pine  Wheat  Corn  Crystal Con Only  Allowed Outdoors In Cat Bed  On the Bed  Other:		
□male □ female  My cat is fed □ Onc  Food my cat likes □  Litter my cat likes □  Brand of litter:  My cat is □ Indoor C  My cat likes to sleep  □Spayed/Neutered	Color / markings:  e a Day  Twice a Day Approximate Times:  WET  DRY - Brand:  Clay  Pine  Wheat  Corn  Crystal   Only  Allowed Outdoors  In Cat Bed  On the Bed  Other:  Vaccines name & date given:	□ Clumping □ Non Clumping Brand:	
□male □ female  My cat is fed □ Onco Food my cat likes □  Litter my cat likes □  Brand of litter:  My cat is □ Indoor O  My cat likes to sleep □Spayed/Neutered □Tattoo #	Color / markings:  e a Day  Twice a Day Approximate Times:  WET  DRY - Brand:  Clay  Pine  Wheat  Corn  Crystal   Only  Allowed Outdoors  In Cat Bed  On the Bed  Other:  Vaccines name & date given:	□ Clumping □ Non Clumping Brand:	
□male □ female  My cat is fed □ Onco Food my cat likes □  Litter my cat likes □  Brand of litter:  My cat is □ Indoor O  My cat likes to sleep □Spayed/Neutered □Tattoo #  Name of Vet and Ph  Medical issues:	Color / markings:  e a Day  Twice a Day Approximate Times:  WET  DRY - Brand:  Clay  Pine  Wheat  Corn  Crystal   Only  Allowed Outdoors  In Cat Bed  On the Bed  Other:  Vaccines name & date given:	□ Clumping □ Non Clumping Brand:	
□male □ female  My cat is fed □ Onco Food my cat likes □  Litter my cat likes □  Brand of litter:  My cat is □ Indoor O  My cat likes to sleep □Spayed/Neutered □Tattoo #  Name of Vet and Ph  Medical issues:	Color / markings:  e a Day  Twice a Day Approximate Times:  WET  DRY - Brand:  Clay  Pine  Wheat  Corn  Crystal for  Crystal for  Allowed Outdoors  In Cat Bed  On the Bed  Other:  Vaccines name & date given:  Microchip #  one #	□ Clumping □ Non Clumping Brand:	
□male □ female  My cat is fed □ Onco Food my cat likes □  Litter my cat likes □  Brand of litter:  My cat is □ Indoor O  My cat likes to sleep □Spayed/Neutered □Tattoo #  Name of Vet and Ph  Medical issues:  My cat must go with	Color / markings:  e a Day  Twice a Day Approximate Times:  WET  DRY - Brand:  Clay  Pine  Wheat  Corn  Crystal (  Only  Allowed Outdoors  In Cat Bed  On the Bed  Other:  Vaccines name & date given:  Microchip #  one #  another  Yes Name of other cat  ny cat to go:	□ Clumping □ Non Clumping Brand:	
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□male □ female  My cat is fed □ Onc  Food my cat likes □  Litter my cat likes □  Brand of litter:  My cat is □ Indoor C  My cat likes to sleep  □Spayed/Neutered □Tattoo #  Name of Vet and Ph  Medical issues:  My cat must go with  Where I would like m	Color / markings:  e a Day  Twice a Day Approximate Times:  WET  DRY - Brand:  Clay  Pine  Wheat  Corn  Crystal (  Only  Allowed Outdoors  In Cat Bed  On the Bed  Other:  Vaccines name & date given:  Microchip #  one #  another  Yes Name of other cat  ny cat to go:	□ Clumping □ Non Clumping Brand:	

**Charities Listings** 





# **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 English

Correspondence:

**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: giving@vokra.ca
Charity Web site Address: www.vokra.ca