



CONTINUAL CARE PROVISIONS

Vancouver Orphan Kitten Rescue (VOKRA)
604-731-2913 or rescue@vokra.ca

In the event of your unexpected illness or death, you will want to ensure that your cat(s) are well cared for, VOKRA can re-home your cats for you. You may also want money set aside for their food, grooming, boarding, and vet care. If so please use our Leave a Legacy form.

<http://www.leavealegacy.ca/program/how>

Please discuss your wishes with your next of kin, and leave written instructions so that others are aware of your intentions. Please bring this form and/or your Leave a Legacy form with you to your notary to include this information in your will.

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 / 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 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:	

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:	
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 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:	

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:	
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 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:	



[Charities and Giving](#) > [Charities Listings](#) > Search

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: 2242 STEPHENS STREET
City: VANCOUVER
Province/Territory/Other: BRITISH COLUMBIA
Country: CA
Postal Code/Zip Code: V6K3W6
Charity Email Address: RESCUE@ORPHANKITTENRESCUE.COM
Charity Web site Address: WWW.ORPHANKITTENRESCUE.COM

Registered Charity Information Return: [T3010 Return](#)

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Date Modified: 2012-01-25