

Life-Long Care Program

Application and Release

*Please fill out one form
for each cat that you
would like to have covered
by this program.*

*Please return this form to:
The Merrimack River
Feline Rescue Society,
Feline Life-long
Care Program
63 Elm Street (Rt. 110)
Salisbury, MA 01952*

The MRFRS is a nationally
recognized, non-profit
volunteer organization
committed to ensuring
the health and welfare of
feral and domestic cats
and kittens by promoting
pro-active, compassionate,
no-kill programs.

63 Elm Street (Route 110)
Salisbury, MA 01952
phone: 978-462-0760
fax: 978-463-6826
info@mrfrs.org
www.mrfrs.org



The Merrimack River
Feline Rescue Society
Caring for Cats in Need

Date Received: _____

MRFRS Staff Member: _____

Standard Bequest Form: _____

Additional Cat Registration Forms: _____

Number of Cats: _____

Your name: _____

Address: _____

Phone number: _____

In the event of my illness or death, I have made arrangements with
The Merrimack River Feline Rescue Society to care for my cat(s). Please
contact them at once, as my cat(s) will need to be cared for immediately.

Applicant's signature: _____ Date: _____

*Please use one form for each of your cats. Make copies of this form and send one to The
Merrimack River Feline Rescue Society, one to the Executor of your estate, another to
your family or friends, and keep one with your important papers.*

Please Inform (family member, close friend, etc.)

Name: _____

Address: _____

Phone number: _____

The Executor of Your Estate

Name: _____

Address: _____

Phone number: _____

PLEASE AFFIX A COLOR PHOTO OF YOUR CAT

Cat's Name: _____

Sex? M / F Spayed/Neutered? yes / no Cat's Age: _____

Cat's Weight: _____ Breed: _____

Does your cat have a microchip or tattoo? yes / no

How long have you owned your cat? _____

Where did you get your cat? _____

Your cat is:

House(Litterbox) trained Not house trained

Occasionally has accidents

Your cat lives:

Strictly indoors Outside

In garage/porch In & out of doors

At night your cat sleeps:

Strictly indoors Outside

In garage/porch In & out of doors

Your cat has lived in the same household:

with/without other animals (what kind) _____

with/without children (what ages) _____

Where there problems with either children or animals? yes / no

- please turn over -

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IMPORTANT

PLEASE READ

**NO OFFICER, MEMBER
AND/OR EMPLOYEE OF
THE MERRIMACK RIVER
FELINE RESCUE SOCIETY
MAY OFFER**

**LEGAL ADVICE. PLEASE
CONSULT WITH YOUR
LEGAL ADVISOR.**

**NO OFFICER, MEMBER
AND/OR EMPLOYEE
OF THE MERRIMACK
RIVER FELINE RESCUE
SOCIETY MAY ALTER,
MODIFY OR CHANGE
THE CONDITIONS OF THE
MRFRS FELINE LIFE-LONG
CARE PROGRAM, AS
DESCRIBED IN THE PLAN
DESCRIPTION AND THIS
DOCUMENT, EXCEPT
BY SPECIFIC WRITTEN
AUTHORIZATION OF THE
MRFRS PRESIDENT. SUCH
AUTHORIZATION TO
BE ATTACHED TO THIS
REGISTRATION FORM.**

Your cat is compatible with:

- Cats Dogs
 Small children Other animals and livestock

Your cat's feeding time is: _____

Your cat's diet is: Canned / Semi-moist / Dry food

Brand: _____

Check as many of the following that describe your cat's behavior habits:

- Meows a lot Rides well in car Fights with cats/dogs
 Walks on leash Reserved Uses scratching post
 Independent Likes being held Claws/bites playfully
 Outgoing/friendly Feisty and active Hunts rodents/birds
 Lap animal Playful Likes being groomed
 Shy of strangers Sedate Scratches/chews furniture

Does your cat have any preferences, dislikes, phobias or habits?

Please list verbal/non-verbal commands your cat responds to as well as ways he/she communicates.

What is your cat's daily routine — walking, feeding, playing and bedtime?

Does your cat have any favorite games or possessions she/she plays with?

Does your cat have any recurring health problems?

Is your cat on any current medication(s)?

Does your cat have any special dietary needs?

Does your cat have any allergies to foods, medications, fleas or flea control products?

Special care instructions: _____

When did your cat have his/her last vaccinations? _____

Who is your cat's veterinarian?

Name: _____

Facility: _____

Address: _____

Phone number: _____