

# North Star Pet Assistance Bequest Questionnaire



Name(s) Relinquisher(s): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Telephone: [Home] \_\_\_\_\_ [[Work] \_\_\_\_\_  
                   [Fax] \_\_\_\_\_ [Email] \_\_\_\_\_  
 Name of Cat: \_\_\_\_\_ Microchip No.: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex:  Male  Female Altered?  Yes  No  
 Color and Unusual Markings, if any (include tattoo, etc.) \_\_\_\_\_  
 Breeder and AKC # (if known): \_\_\_\_\_

**IMPORTANT NOTICE:** All owners of the above-described cat must sign this form before North Star Pet Assistance will agree to take this cat.

*In regard to the adoption of the above-described cat from North Star Pet Assistance, I/We, the undersigned, agree to the following conditions:*

- (1) By signing this form, I certify that I am the sole owner of this cat and that there are no liens or mortgages against this cat. (If there are co-owners, all co-owners must also sign this form before North Star Pet Assistance will accept this cat.)
- (2) By signing this form, I understand that this cat becomes the property of North Star Pet Assistance after my death.
- (3) North Star Pet Assistance will be solely responsible for the placement of this cat. All decisions regarding the placement of this cat will be made by North Star Pet Assistance. North Star Pet Assistance may consider, but has no obligation to use, referrals from the Relinquisher's family.
- (4) The Relinquisher's surviving family shall have no rights to information regarding the adoption or whereabouts of this cat. Any information or contact with the adopting party will be at the discretion and initiation of the adopting party.
- (5) The Relinquisher gives North Star Pet Assistance authorization to obtain this cat's health records from any veterinarian or clinic.  
 Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
- (6) The Relinquisher guarantees to North Star Pet Assistance that this cat's history with regard to biting is accurately described as follows:  
 To my knowledge, this cat:  Has  Has Not bitten anyone.  
    Has  Has Not bitten another animal.  
 If "Has" is noted, please describe the circumstances (use back of form if more room is required): \_\_\_\_\_

(7) Does your cat...	Yes	No	Is your cat...	Yes	No
Use a scratching post	___	___	Afraid of storms	___	___
Go outside	___	___	Good with children	___	___
Jump fences	___	___	Good with dogs	___	___
Use the litter Box	___	___	Good with other cats	___	___
Let you take toys/food away	___	___	Used to being groomed	___	___
Urinate when scared	___	___	Used to being walked	___	___
Come when called	___	___	Declawed	___	___
Growl or hiss at strangers	___	___	Obedience trained	___	___

(8) Does this cat have any known health problems, require medication or special food \_\_\_\_\_

(9) What commands does this cat know? \_\_\_\_\_

(10) What type of food does your pet eat, how often and what time? \_\_\_\_\_

[If the cat you are surrendering is not current on vaccinations or has not been spayed/neutered, please consider having it done at this time. It will mean less stress on the cat once they enter the adoption program]

\_\_\_\_\_  
 Signature(s) of Relinquisher(s) and All Co-Owners

\_\_\_\_\_  
 Please print name(s)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Driver License Number(s) of Relinquisher(s) and All Other Co-Owners

Please feel free to attach additional information regarding your pet's health, personality or habits.