



The Hermitage No-Kill Cat Shelter & Sanctuary

Arizona's First No-Kill, No-Cage Cat Adoption & Sanctuary

To advocate for the welfare of cats by being a model cage-free sanctuary and no-kill shelter.

CONTINUING CAT CARE PROGRAM

The Continuing Cat Care Program provides for loving, attentive care for your cat when you and/or family are no longer able to care for the cat's needs. After you are gone, your cat is first taken into our clean, friendly shelter. The cat is evaluated to determine its health, and adoptability. If the Hermitage staff finds the cat to be adoptable, it is placed with our other felines looking for permanent homes. If, in the opinion of our professional staff, the cat is not adoptable, it will become a lifetime resident of the shelter. We CANNOT honor requests for a cat to automatically be kept as a permanent resident.

Enrolling your cat in the Continuing Cat Care Program ensures that your surviving cat will not become an innocent victim of a relatives' or friends' inability or unwillingness to provide your cat with a good home. Through this program, The Hermitage can provide your surviving cat with a safe and loving environment, preferably as a member of a private family.

How Does the Program Work?

You need to designate an individual who will contact The Hermitage and deliver your cat(s) to our shelter as soon after your death as possible. At that time, each cat will be examined by professionals at our shelter to verify that 1) sterilization has been complete and 2) vaccinations are current. Remedial action will be taken, as needed. Also, each cat is tested for FeLV and FIV.

The Hermitage has sanctioned areas for cats with the FeLV viruse, however, a positive FeLV doesn't necessarily mean the cat will have to live out their lives as a permanent resident of the shelter. The Hermitage No-Kill Cat Shelter will work to find a suitable home for your cat, or if this is not possible or in the best interest of your cat, we provide a loving permanent home for your cat at The Hermitage. We have 9,000 sq. ft. of indoor and outdoor living space. Your cat will be free to roam its designated area without fear of escape, and yet, will be able to enjoy the outside.

How Do I Enroll My Cat(s) in the Program?

In order to enroll your cat(s) in the program, please **pay a \$500 admin. fee per cat along with completing a "Standard Bequest Form," a "Continuing Cat Care Waiver From," (for each cat) and this Registration Form and submit them to The Hermitage No-Kill Cat Shelter and Sanctuary.**

It is necessary that you **leave \$1,500 per cat or \$5,000 per cat with special needs** such as Diabetes, FIV/FelV+ to The Hermitage. This endowment is effective upon your death. There are several ways in which you may accomplish this endowment to The Hermitage:

- Designate The Hermitage as a beneficiary in your Last Will and Testament or Trust.
- Designate The Hermitage as a beneficiary of your life insurance policy.
- Designate The Hermitage as a beneficiary of your bank account by completing forms at your bank stating that your account is payable upon your death to The Hermitage.
- Designate The Hermitage as a recipient of your investment account by completing forms with your stockbroker stating that your account is to transfer upon your death to The Hermitage.
- Designate The Hermitage as a beneficiary of your IRA account. There may be some estate tax planning advantages for designating The Hermitage, a 501(c)(3) organization, as a beneficiary of an IRA account. You should consult with an attorney or accountant to determine whether this advantage may apply to you.

What Else Does the Hermitage Need from Me?

With regard to the Standard Bequest Form, please attach a copy of the applicable pages of your Last Will and Testament or Trust, or a copy of the beneficiary designation form for your life insurance policy, bank account, or IRA account, nominating The Hermitage as a beneficiary.

Please advise The Hermitage of the individual you have named as your personal representative in your Last Will and Testament or Trustee of your Trust. If you decided to make changes prior to implementation of this program, please make all changes to bequests and the Surviving Cat Care Program in writing.

For questions and more information please visit:

www.hermitagecatshelter.org/continuing-cat-care/

We also encourage you to speak to family and consult a lawyer as you complete these forms. ☺



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Continuing Cat Care Registration Form

Today's Date: _____

Name(s): _____

Mailing Address: _____

City/State/Zip: _____

Phone # _____ Email: _____

Cat Information:

Cat #1 Name _____ Birthdate/Age _____

Sex _____ Breed/Appearance _____

Please circle:

Litter box trained? Y / N

FeLV? Positive / Negative

Neutered or Spayed? Y / N

FIV? Positive / Negative

My cat would be happiest in a home with:

Another cat: _____, a dog _____, children _____

Tell us a bit about your cat (special needs, likes, dislikes, favorite foods, etc.)

Cat #2 Name _____ Birthdate/Age _____

Sex _____ Breed/Appearance _____

Please circle:

Litter box trained? Y / N

FeLV? Positive / Negative

Neutered or Spayed? Y / N

FIV? Positive / Negative

My cat would be happiest in a home with:

Another cat: _____, a dog _____, children _____

Tell us a bit about your cat (special needs, likes, dislikes, favorite foods, etc.)

Cat #3 Name _____ Birthdate/Age _____

Sex _____ Breed/Appearance _____

Please circle:

Litter box trained? Y / N

FeLV? Positive / Negative

Neutered or Spayed? Y / N

FIV? Positive / Negative

My cat would be happiest in a home with:

Another cat: _____, a dog _____, children _____

Tell us a bit about your cat (special needs, likes, dislikes, favorite foods, etc.)

Cat #4 Name _____ Birthdate/Age _____

Sex _____ Breed/Appearance _____

Please circle:

Litter box trained? Y / N

FeLV? Positive / Negative

Neutered or Spayed? Y / N

FIV? Positive / Negative

My cat would be happiest in a home with:

Another cat: _____, a dog _____, children _____

Tell us a bit about your cat (special needs, likes, dislikes, favorite foods, etc.)

Vet Information:

Veterinarian/clinic _____

Address _____

Phone _____