



Whiskers Lifetime Commitment Registration Form

Print, complete, and mail this form with your registration fee to:

Whiskers, Inc.
PO Box 11190
Albany, NY 12211

Owner Information

Name _____

Address _____

Home Phone _____ Cell Phone _____

E-mail _____

Veterinary Information

Vet Name _____

Address _____

Phone _____ E-mail _____

Vet Name _____

Address _____

Phone _____ E-mail _____

Details of your financial arrangements that you would like us to know.

Executor Contact

Name _____

Phone _____ E-mail _____



Cat Information

1. Name _____

Gender _____ Approx. Date of Birth _____

Breed/Color _____ Microchip Id. _____

Medical Conditions _____

Medications/Dosages _____

Favorite Foods/Treats _____

Personality Traits, Likes and dislikes: _____

Other information we should know about your cat _____

Owner

(Signature) Date: _____

(Print name)

Number of cats: _____ Attach the next page for additional cats

Registration Fee Enclosed (\$1,500 per cat) \$ _____

To be completed by Whiskers, Inc.

By _____
(Signature) Date: _____

(Print name)



Additional Cats – duplicate this page as needed

2. Name _____

Gender _____ Approx. Date of Birth _____

Breed/Color _____ Microchip Id. _____

Medical Conditions _____

Medications/Dosages _____

Favorite Foods/Treats _____

Personality Traits, Likes and dislikes: _____

Other information we should know about your cat _____

3. Name _____

Gender _____ Approx. Date of Birth _____

Breed/Color _____ Microchip Id. _____

Medical Conditions _____

Medications/Dosages _____

Favorite Foods/Treats _____

Personality Traits, Likes and dislikes: _____

Other information we should know about your cat _____
