



# Safeguard Program Pet Profile

We will use this information to determine if we are a good fit for your pet and identify the best home in future.  
We are only able to offer this program to **cats** at this time.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Biographical Information

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How long have you had your cat? \_\_\_\_\_

Gender: M/F Altered: Yes/No

Is your cat up to date on vaccines and annual exams? Yes/No

Contact information for your veterinarian:

---

---

## Behavior at Home

How does your cat interact with the people in your home?

---

---

---

**Are there any other pets living with your cat? How does your cat get along with other cats?**

---

---

**Has your cat ever bitten a person and broken the skin? Yes/No**

**Was the bite: Aggressive/Fearful/Playful/Other: \_\_\_\_\_**

**Please explain:**

---

---

**Is your cat allowed outside?**

---

---

**Is your cat litter box trained? Yes/No/Sometimes**

**Please explain:**

---

---

**Does your cat prefer: laptime / wand toys / food puzzles / balls, strings, boxes / naptime / climbing on a perch**

**Is there any human interaction your cat dislikes or prefers to avoid? (i.e. tummy rubs, being picked up, etc.)**

---

---

What would be the ideal home for your cat?

---

---

### *Medical Information*

Does your cat have any existing health problems? Yes/No Please explain:

---

---

Is your cat on any medications? Yes/No Please list:

---

---

### *Enrollment Information*

Please sign here to confirm your enrollment in We Care Animal Rescue's Safeguard Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Safeguard program is available to donors who have bequeathed \$10,000 or more to We Care Animal Rescue through an outright gift, bequest or other planned gift. Your contribution will provide for your pets while they are at We Care Animal Rescue. Any portion of your donation not used for the care of your pet will be used for animals in our sanctuary.

Donation Amount: \$\_\_\_\_\_ Bequest\_\_\_ or Outright Gift\_\_\_

Name of the executor of your will or trust:\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of the attorney for your will or trust:\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_