



2358 S. Cedarbrook Avenue
Springfield, MO 65804

whiskers.fund@gmail.com
www.watchingoverwhiskers.org

Watching Over Whiskers (WOW) Fund Application

Instructions:




Please fill out the form below completely. If you are unable to answer a question, please enter "not yet known" or give us an estimate. You must also submit a picture of the cat, via e-mail to **whiskers.fund@gmail.com** or snail mail to the address below. Please review our picture guidelines for more information about submitting pictures.

Once the application is submitted, you will receive confirmation that we received your application within 48 hours. The length of time it takes for us to make a decision on funding varies a great deal.

If you have any questions or problems submitting this form, OR IF YOU DO NOT HEAR FROM US WITHIN 48 HOURS, please email us at whiskers.fund@gmail.com.

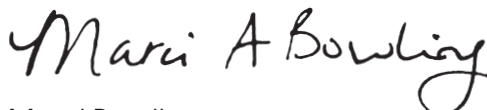
Any misrepresentation of the facts or provision of false information about the case will result in immediate closure of the application and denial of funding for any future applications.

If this is a life or death emergency and you need a response from us within 24 hours, YOU must make sure we are provided with the following:

-  The vet must be available to speak with a Watching Over Whiskers fund representative.
-  You must get a picture of the cat to us within 24 hours. You can e-mail a picture to **whiskers.fund@gmail.com**. If you are not able to e-mail one, but choose instead to send one by overnight mail, the address is:
Watching Over Whiskers (WOW) Fund, 2358 S Cedarbrook Avenue, Springfield, MO 65804
-  In the medical section of the application, please give us as much detail as you can on the nature of the treatment needed and information on what treatment has already been given.

We appreciate your understanding that the Watching Over Whiskers Fund is not able to fund every case, and take the severity of each ailment into consideration.

Thank you,



Marci Bowling
Founder, Watching Over Whiskers founder



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Watching Over Whiskers (WOW) Fund Application (cont.)

Date: _____

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Have you applied to the WOW Fund for vet assistance before?

YES NO

If so, when? _____

How did you hear about the WOW Fund? _____

If you are applying on behalf of a rescue group or other organization

Organization Name: _____

Contact info: _____

License number: _____ 501c3 Number: _____

Cat's Name: (if name is unknown, give the cat a name) _____

Gender: _____ Coloring: _____

Breed of cat: _____

Approximate weight: _____ (lbs)

Approximate age: _____

Has cat been neutered/spayed? YES NO

Does this cat have any identification tags/individual markings or microchips?

What attempts have been made to contact the owner of the cat? (If not yours)



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How did you find this cat?

Do you know anything about this cat's background?

Has this cat shown any aggression towards other animals and/or people? Please explain.

What is the current living situation of this cat? (Please check one)

I am fostering and will continue to do so until the cat is adopted.

Someone else is fostering and will do so until adopted.

I hope to adopt this cat.

This is my cat. Date of when you got the cat: _____

No foster plans finalized as of yet.

Other: _____

How will you be sending the photo?

Email

Overnight mail

Priority mail

Regular mail

Is this a life or death emergency? YES NO

Please provide a full description of the rescue cat's illness or injury:

Cat's current location is:

Veterinarian Clinic Shelter

Private Home

Other: _____