

FOR OFFICE USE ONLY
Approved: Yes _____ No _____
Staff Initials _____ Date _____

KITTEN WARRIOR APPLICATION

Winchester Area SPCA
111 Featherbed Ln Winchester, VA 22601
Phone: (540) 662-8616

Email: foster@winchesterspca.org Website: www.winchesterspca.org

PLEASE PRINT CLEARLY

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: (H) _____ (C) _____ (W) _____

Email Address: _____

Are you over 18 years of age?

Yes No

How many adults live in your home? _____ Children? _____

Have you ever been convicted of a charge of animal cruelty, neglect, or abandonment? _____

Are all members of your household agreeable to fostering?

Yes No

Who will be responsible for the animals' care? _____

Do you work? FULL TIME PART TIME HOME DURING THE DAY

How many hours a day will the animal(s) be left alone? _____

(Neonatal kittens until weaned should not be left alone unsupervised for more than 3 hours)

Are you willing to administer medications (pills or liquid)?

Yes No

Are you willing to bring the animal(s) to WASPCA for vaccinations/checkups?

Yes No

Where will the animal(s) be housed? _____

Are you able to keep your pets separate from foster pets?

Yes No

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Current Pets:							
Type of Pet	Name of Pet	Age	Sex	Spayed/neutered		Vaccinations Up to Date	How long owned?
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No

Veterinarian's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Are you willing to attend a training class prior to fostering?

- Yes No

Would you be willing to be listed as one of our "Emergency Fosters" should an animal come to the shelter unexpectedly, with no immediate foster home available?

- Yes No

If so what types of animals would you be able to house?

- Dogs
 Cats
 Other

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Veterinarian Authorization

- 1) Veterinarian contacted by: _____ 2) Were all previous pets altered? _____
 3) Were all previous pets utd with vaccines? _____