



## CLIENT SERVICES INFORMATION PETSTRONG

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Before submitting your application for services, please review the following information.

If you meet the following requirements, you may be eligible for services:

- ✓ Are you a US Veteran?
- ✓ Do you reside in Los Angeles County?
- ✓ Are you low-income?
- ✓ Is your companion animal at least 6 months old?
- ✓ Is your companion animal spayed/neutered?

If you answered YES to all of the above, please proceed with completing the attached application.

### INTAKE APPOINTMENTS

Once you have completed your application and assembled required documentation, please contact Client Services to make an Intake Appointment. Appointments are available Tuesday - Thursday from 10:00 am – 2:00 pm.

To make appointment, contact:

Marjorie Moya 213.741.1950 x 112 or email [mmoya@pawsla.org](mailto:mmoya@pawsla.org)

### PLEASE NOTE:

- PAWS/LA provides services for a maximum of 2 companion animals per client.
- Services are provided on an as-needed basis and are subject to availability of resources.
- There is a 30-day waiting period following initial enrollment to access veterinary care services.



*Serving Veterans and their companion pets.*

(The information contained on this form will be kept CONFIDENTIAL)

**SECTION 1 (Basic Information)**

**Name:** \_\_\_\_\_  
(First) (M.I.) (Last)

**Gender:**  Male  Female **Date of Birth:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address/Do not use a P.O.Box) (Apt #) (Security code)

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone #:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cross Streets?** \_\_\_\_\_

**Are you a military veteran?:**  Yes  No **Military Branch:** \_\_\_\_\_

**What was your time of service?:**  Pre 9/11  Post 9/11

**How did you hear about PETSTRONG?** \_\_\_\_\_

**OK to leave a message?**  Yes  No

**Do you have a social worker or case manager?**  Yes  No

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**SECTION 2 (Housing Situation):**

Homeless  Emergency Shelter  Transitional Housing  Permanent Housing

Other: \_\_\_\_\_

**Number of people in household:** \_\_\_\_\_

**Area in Los Angeles County in which you live:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Antelope Valley                   | <input type="checkbox"/> Hollywood/Downtown L.A.     | <input type="checkbox"/> East L.A. County     |
| <input type="checkbox"/> San Fernando Valley               | <input type="checkbox"/> Santa Monica/W. Los Angeles | <input type="checkbox"/> Long Beach/South Bay |
| <input type="checkbox"/> San Gabriel Valley/E. Los Angeles | <input type="checkbox"/> South Los Angeles           |   |

**Do you have transportation?**  Yes  No

**SECTION 3 (Demographic Information)**

**Race/ Ethnicity:**

- Hispanic/Latino
- Native American/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/ Other Pac. Islander
- White
- Native Am/Alaskan Nat. and White
- Asian and White
- Black/African Am. and White
- Native Am/Alaskan Nat. and Black
- Other Multi-Racial

- Gross Monthly Income:**
- No income
  - \$1 - \$150
  - \$151 - \$250
  - \$251 - \$500
  - \$501-\$1,000
  - \$1,001-\$1,500
  - \$ 1,5001-\$2,000
  - \$2,000+

**SECTION 4 (Health Status)**

PTSD?  Yes  No      Are you ambulatory?  Yes  No      Are you homebound?:  Yes  No

**SECTION 5 (Emergency Contact)**

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home#:( \_\_\_\_\_ ) Work #: ( \_\_\_\_\_ )  
 Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home#:( \_\_\_\_\_ ) Work #: ( \_\_\_\_\_ )

**SECTION 6 (Adoption Information)**

Please provide information on who will adopt your companion animal(s) should the need arise. Also, please keep all companion animal health records and registration papers in proper order and readily accessible.

Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ )  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**SECTION 7 (Verification of Eligibility)**

In order to register as a client of PETSTRONG, please **attach** verification of the following:

- Proof of Veteran status
- Proof of Los Angeles County residency (California Driver’s License; utility bill; rental agreement)
- Proof of Income (SSI and/or SSD award letter; bank statement)
- Proof of spay/neuter of your companion animal(s) (certificate issued by veterinary service provider)

**SECTION 8 (Consent to Release Information/Statement of Fact)**

- I hereby authorize PAWS/LA (PETSTRONG) and its representatives to share/access information with/from relevant agencies regarding services I have received and/or requested.
- I hereby certify by my signature below that the information I have provided to PAWS/LA (PETSTRONG) is true and correct to the best of my knowledge. I also understand that any false information provided to PAWS/LA (PETSTRONG) will result in permanent termination of services:

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## CLIENT SERVICE AGREEMENT

I, \_\_\_\_\_ have been informed that in order to continue to receive services from PAWS/LA it is necessary that I comply with the terms of this Service Agreement:

### GENERAL SERVICES (please initial)

\_\_\_\_\_ I represent that I am the lawful owner of the companion animal(s) for whose care I am requesting.

\_\_\_\_\_ I agree that my companion animal(s) is, or will be, spayed or neutered within 30 days of initial enrollment with PAWS/LA.

\_\_\_\_\_ I acknowledge that any assistance given to me by PAWS/LA is at the sole discretion and option of PAWS/LA and that financial assistance levels and criteria for services are subject to change without notice and are subject to availability.

\_\_\_\_\_ I understand that PAWS/LA is not an adoption or placement agency.

\_\_\_\_\_ I understand that intoxication or the use of illicit drugs or alcohol will not be allowed on PAWS/LA premises.

\_\_\_\_\_ I will not be verbally or physically threatening, use profanity or derogatory remarks to any of the PAWS/LA staff, volunteers, visitors, clients, or service providers.

\_\_\_\_\_ I understand that if I refuse to sign this agreement, PAWS/LA has the option of terminating my access to all PAWS/LA services.

\_\_\_\_\_ I understand that my client status will be revoked if:

- a. I no longer have a companion animal
- b. I no longer reside in Los Angeles County
- c. My income exceeds PAWS/LA limits.
- d. I am abusive to staff, volunteers, service providers, or any other representative of PAWS/LA.

\_\_\_\_\_ I understand that if I refuse to comply with all, or any of the conditions outlined above, I will be suspended or terminated from all PAWS/LA services. If this occurs, I will forfeit my client status at PAWS/LA.

### FOSTER CARE SERVICES (please initial)

\_\_\_\_\_ I authorize PAWS/LA and its directors, managers, employees and volunteers, together with anyone acting at the direction of any of them, to provide general care of my companion animal(s) when necessary. I further authorize the same to seek and obtain veterinary or other assistance for my companion animal(s), including euthanasia, if reasonably warranted.

\_\_\_\_\_ I agree that while my companion animal(s) is in a foster home or boarding kennel, I will contact PAWS/LA weekly.

\_\_\_\_\_ I understand that the length of time for foster care or boarding is thirty (30) days unless otherwise agreed upon by the Client Services Manager.

My signature below indicates my understanding and acceptance of this agreement. Failure to sign this Service Agreement does not void its validity.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# COMPANION ANIMAL INFORMATION

(Complete information for a maximum of 2 animals.)

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## COMPANION ANIMAL #1

Name: \_\_\_\_\_ Pet's DOB: \_\_\_\_\_

Dog  Cat  Male  Female Spayed/Neutered?  Yes  No

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Please check Yes or No for each of the following questions.

Are shots current?  Yes  No

Have a microchip?  Yes  No

If yes, have you registered it?  Yes  No What system? \_\_\_\_\_

Any chronic health problems?  Yes  No

If yes, what chronic health problems? \_\_\_\_\_

On medication?  Yes  No If yes, which medication? \_\_\_\_\_

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## COMPANION ANIMAL #2

Name: \_\_\_\_\_ Pet's DOB: \_\_\_\_\_

Dog  Cat  Male  Female Spayed/Neutered?  Yes  No

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Please check Yes or No for each of the following questions.

Are shots current?  Yes  No

Have a microchip?  Yes  No

If yes, have you registered it?  Yes  No What system? \_\_\_\_\_

Any chronic health problems?  Yes  No

If yes, what chronic health problems? \_\_\_\_\_

On medication?  Yes  No If yes, which medication? \_\_\_\_\_