



PACE PROGRAM

Preserving Animal Companionship for the Elderly

(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: _____

Area in Los Angeles County in which you live:

- | | | |
|--|--|---|
| <input type="checkbox"/> Antelope Valley (1) | <input type="checkbox"/> Hollywood/Downtown L.A. (4) | <input type="checkbox"/> East L.A. County (7) |
| <input type="checkbox"/> San Fernando Valley (2) | <input type="checkbox"/> Santa Monica/W. Los Angeles (5) | <input type="checkbox"/> Long Beach/South Bay (8) |
| <input type="checkbox"/> San Gabriel Valley/E. Los Angeles (3) | | <input type="checkbox"/> South Los Angeles (6) |

OK to leave a message from PAWS/LA? Yes No

Do you have transportation? Yes No

Cross Streets? _____

How did you hear about PAWS/LA? _____

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

Name: _____

Agency: _____ Phone #: _____

SECTION 2 (Demographic Information)

Race/ Ethnicity:

- | | | |
|---|---|--|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian/ Other Pac. Islander | <input type="checkbox"/> Black/African Am. and White |
| <input type="checkbox"/> Native American/Alaskan Native | | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Am/Alaskan Nat. and Black | | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Am/Alaskan Nat. and White | | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Black/African American | | <input type="checkbox"/> Asian and White |



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

_____ I represent that I am the lawful guardian 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 enrollment.

_____ I acknowledge that any assistance given to me by PAWS/LA is at the sole direction and option of PAWS/LA and that dollar 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 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, services providers, or any other representative of PAWS/LA.

FOSTER CARE SERVICES

_____ I authorize PAWS/LA and its representatives, together with anyone acting at their direction, to provide general care of my companion animals 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 being fostered, I will contact PAWS/LA weekly.

_____ I understand that the length of time for foster care or boarding is thirty (30) days.

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

Your Name: _____ Date: _____

Companion Animal #1

Name: _____ Pet's Age: _____

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? _____

Companion Animal #2

Name: _____ Pet's Age: _____

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? _____