



CLIENT SERVICES

PAWS/LA provides services for up to **2 animals 6 months old or older** per client. Services are provided on as-needed basis and are subject to availability of resources.

All veterinary services must be pre-authorized and arranged by PAWS/LA

Pet food is available on a monthly basis at our Pet Food Bank

Los Angeles Food Bank
2121 S. Flower St.
Los Angeles, CA 90007
Friday: 10am – 4pm

Client intake is only completed on Monday – Thursday.
There are no intakes on Fridays.

To request services or for more information

Please contact PAWS/LA at the following:

213/741-1950 x 106 ♦♦ oolivares@pawsla.org



P.A.C.E. 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:

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

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)

Are you a military veteran?: Yes No

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

Housing Situation: Permanent Housing Assisted Living
 Temporary Housing Senior Building
 Living w/Friends or Family Other: _____

Bedroom Composition: Single 1 bdrm 2 bdrm 3 bdrm
 4 bdrm 5 bdrm Other: _____

Number of people in household: _____

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 3 (Health Status)

Ambulatory? Yes No Homebound?: Yes No Debilitating medical condition(s?): Yes No

If yes, please explain: _____

SECTION 4 (Emergency Contact)

Contact 1: _____ Relationship: _____

Home#:(_____) Work #: (_____)

Contact 2: _____ Relationship: _____

Home#:(_____) Work #: (_____)

SECTION 5 (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 6 (Verification of Eligibility)

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

- 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 Age
- Proof of spay/neuter of your companion animal(s) (certificate issued by veterinary service provider)

SECTION 7 (Consent to Release Information/Statement of Fact)

- I hereby authorize PAWS/LA 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 is true and correct to the best of my knowledge. I also understand that any false information provided to PAWS/LA will result in permanent termination of services:

Client Signature: _____ **Date:** _____



COMPANION ANIMAL INFORMATION

Your Name: _____ Date: _____

Companion Animal's Name: _____ DOB _____

Dog Cat Male Female

Breed: _____ Color: _____ Weight: _____

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

Is he/she Spayed/Neutered? Yes No

Are shots current? Yes No

Does he/she have ID tags? Yes No

Does he/she have a microchip? Yes No

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

What is her/his temperament? Friendly Reserved Very Shy Aggressive

Is he/she okay around dogs: Males? Yes No Females? Yes No

Is he/she okay around cats: Males? Yes No Females? Yes No

Is he/she okay around children? Yes No

Is he/she housebroken or litter box trained? Yes No

Any chronic health problems? Yes No If yes, what chronic health problems? _____

Any special diet requirements? Yes No If yes, which food? _____

Is he/she on medication? Yes No If yes, which medication? _____

For Cats: Is he/she kept: indoor outdoor both

For Dogs:

Can he/she be left alone in the house? Yes No

Can he/she be left alone in a fenced yard? Yes No If yes, is he/she a digger? Yes No

Leash-trained? Yes No Crate-trained? Yes No Is he/she a barker? Yes No

Likes? _____

Dislikes? _____

Bad habits/fears? _____



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