



P.A.D. PROGRAM

Program for Animal Guardians with Disabling Illness

(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? _____

SECTION 2 (Health Information)

Diagnosis: AIDS Symptomatic HIV Asymptomatic HIV
 Other: _____

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

Name: _____

Agency: _____ Phone #: _____

SECTION 3 (Demographic Data)

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: Emergency Shelter or No Housing Private Housing
 Temporary Housing Jail/Prison/Juvenile Facility

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 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 Medical Disability & Diagnosis (physician’s letter confirming disability due to illness)
- 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? _____



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 with PAWS/LA.

_____ 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 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 Coordinator.

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

Signed: _____ Date: _____