



Pets Are Loving Support

Help a friend keep a friend

-Pets Are Loving Support Application Checklist-

Return the completed four-page application with the required documentation listed below; incomplete applications will not be accepted. X off as you include the following:

- **Medical Verification-** this must be a current letter from your medical provider, on letterhead, specifically describing your critical illness and the restrictions of daily activities. It must also state that you are unable to work. If you are homebound, it must be stated.

- **Income Documentation-** copies all sources of income must be included. If you have \$0 income, you must get a letter from your case worker, on letterhead, stating this with who is providing you with living expenses. If you are on Disability or Social Security a copy of this documentation must be included.

- **Pet Ownership Verification-** the most recent veterinary record must state your name and your pet/s name.

-Enclose this checklist with the entire application-

Pets Are Loving Support

2115 Liddell Drive NE

Atlanta, GA 30324

-Pet Information Registration Form

(To Be On Our Program You Must Be Willing To Have Your Pet Spade or Neutered. We will cover all but \$22.50 of this cost.)

Tell Us About Your Pet: (1)

Name _____ Type of Animal _____ Breed _____ Age _____
Weight _____ Gender _____

Tell Us About Your Vet:

Clinic Used in the Past _____ Clinic Used Currently _____

Is Heartworm Preventative Currently Being Used? _____ Is Pet Fixed? _____

Tell Us About Your Pet: (2)

Name _____ Type of Animal _____ Breed _____ Age _____
Weight _____ Gender _____

Tell Us About Your Vet:

Clinic Used in the Past _____ Clinic Used Currently _____

Is Heartworm Preventative Currently Being Used? _____ Is Pet Fixed? _____

Food Requirements: Pet (1) Canned (Wet) _____ per month Dry Food _____ Litter _____

Special Food Requirements or Request must be submitted by your Veterinarian _____

Food Requirements: Pet (2) Canned (Wet) _____ per month Dry Food _____ Pounds Per Month

Litter _____ Pounds of Clay/Natural per Month

Special Food Requirements or Request must be submitted by your Veterinarian _____

-Please Note the Following For Food Transportation-

Client Pick Up _____ Homebound Only _____

-P.A.L.S. Pet Information Registration Form-

Food Info/Comments _____

Veterinarian Approved Special Food
Requirements _____

Please note one of the following for food transportation options:

Client Pickup Food _____ During the week _____ 1st Saturday _____

Homebound Only _____ (client receives food on a monthly food delivery, 1st
Saturday of each month) (Must have letter from doctor stating homebound unable to drive)

Directions to
residence _____

Apartment Complex Name _____

House Description/Color _____

Any Additional Special Instructions _____

Is Transportation Needed? _____

If you become hospitalized, who will care for your pet? _____

If you can no longer care for your pet, who will adopt it? (name, address, phone number)

-Revised on 8/15/2010

-Please Note-

- **Client Pick Up is the First Monday, Tuesday and Wednesday of Each Month**
- **Homebound Delivery is the First Saturday of Each Month (Client Must have doctors note that they are indeed homebound)**
- **With Veterinary guidance, PALS has chosen to use Pedigree and Whiskas for dogs and cats, respectively. Occasionally, we still receive donations of other brands. You may check availability of other product, but PALS guarantees no special requests.**
 - **If your pet has specific dietary health problems, please have your veterinarian send PALS and explanation of the problem and prescription for the food that is needed. PALS will cover the costs of the prescription foods once we receive notification from your veterinarian.**