



Program for Animal Guardians with Disabling Illness

(The information contained on this form will be kept CONFIDENTIAL)
To be completed by applicant.

SECTION 1 (Basic Information)

Name: _____
(First) (M.I.) (Last)

Gender: ___ Male ___ Female **Date of Birth:** _____

Address: _____
(Street Address/Do not use a P.O. Box) (Apt. #)

City: _____ **Zip Code:** _____

Telephone #: (____) _____ **Email:** _____

**Area, Neighborhood or
Building Name in which you live:** _____

Closest Intersection? _____

Do you have transportation? ___Yes ___No

How did you hear about PALS? _____

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 (HOUSING)

Housing Situation: ___Own ___Rent \$_____Monthly Payment

Bedroom Composition: ___Studio ___1 bedroom ___2 bedroom ___3 bedroom
___4 bedroom ___5 bedroom ___Other:_____

Number of people in household: _____

Gross Monthly Income: _____(yours) _____(households)

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 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 PALS, please attach verification of the following:

- *Proof of residency (GA 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 debility due to illness)
- *Proof of spay/neuter of your companion animal(s) (certificate issued by veterinary)

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

int. I hereby authorize PALS and its representatives to share/access information with/from relevant agencies regarding services I have received and/or requested.

int. I hereby certify by my signature below that the information I have provided to PALS is true and correct to the best of my knowledge. I also understand that any false information provided to PALS will result in permanent termination of services.

int. I hereby authorize PALS and its representatives to perform home visits prior to application approval and routinely throughout my time as a client.

Client Signature: _____ **Date:** _____

PALS CLIENT DEMOGRAPHIC INFORMATION

We are often asked by private foundations for demographic information about our clients. The following will be used for grant applications and will not be considered as a part of your application to join our program. We appreciate your assistance in helping us secure funding by providing this information.

ETHNICITY DATE OF BIRTH

GENDER IDENTITY SEXUAL ORIENTATION

VETERAN STATUS



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? _____
Is he/she okay around dogs? _____ Yes _____ No
Is he/she okay around cats? _____ Yes _____ No
Is he/she okay around children? _____ Yes _____ No
Is he/she housebroken or litter box trained _____ Yes _____ No

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

Any chronic health problems? _____ Yes _____ No

If yes, what chronic health problems? _____

Any special diet prescribed by Veterinarian? _____ 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 fenced yard? _____ Yes _____ No

Dog House? _____ Yes _____ No

Leash trained? _____ Yes _____ No Crate trained? _____ Yes _____ No

Likes? _____

Dislikes? _____

Bad habits/fears? _____



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Client Service Agreement

(to be initialed and sign by applicant)

I, _____ have been informed that in order to continue to receive services from Pets Are Loving Support that it is necessary that I comply with the terms of this Service Agreement.

int.

____ I represent that I am the lawful guardian of the companion animal(s) for whose care I am requesting.

int.

____ I agree that my companion animal(s) is, or will be, spayed or neutered within 30 days of enrollment with Pets Are Loving Support.

int.

____ I acknowledge that any assistance given to me by Pets Are Loving Support is at the sole direction and option of Pets Are Loving Support and that assistance levels and the criteria for services are subject to change without notice and are subject to availability.

int.

____ I understand that Pets Are Loving Support is not an adoption agency or placement agency.

int.

____ I will not be verbally or physically threatening, use profanity or derogatory remarks to any of the Pets Are Loving Support staff, visitors, clients or service providers

int.

____ I understand that if I refuse to sign this agreement, Pets Are Loving Support has the option of terminating my access to all Pets Are Loving Support services

int.

____ I understand that my client status will be revoked if:

- a. I no longer have a companion animal.
- b. I no longer reside in the Atlanta Metro area.
- c. My income exceeds Pets Are Loving Supports limits.
- d. I am abusive to staff, volunteers, service providers, or any other representative of Pets Are Loving Support.

Signed: _____ Date: _____