



## 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)**

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

\_\_\_\_ I hereby certify by my signature below that the information I have provided to PALS is  
int. 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.

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

**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? \_\_\_\_\_  
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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Dislikes? \_\_\_\_\_

Bad habits/fears? \_\_\_\_\_



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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_