



of Bainbridge Island & North Kitsap

# Limited Income Spay/Neuter & Vaccine Program Application

Owner Name: \_\_\_\_\_  
Phone /message number: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Referring Agency:

Helpline House     ShareNet     Fishline  
 Tribal                 Vet Clinic

Description of Pet(s): PAWS can provide assistance for a maximum of 2 pets

Name \_\_\_\_\_ Dog \_\_\_ Cat                      Name \_\_\_\_\_ Dog \_\_\_ Cat  
Sex: \_\_\_ male \_\_\_ female \_\_\_ unknown    Age: \_\_\_\_\_                      Sex: \_\_\_ male \_\_\_ female \_\_\_ unknown    Age: \_\_\_\_\_  
Color/Breed: \_\_\_\_\_ est. weight: \_\_\_\_\_                      Color/Breed: \_\_\_\_\_ est. weight: \_\_\_\_\_

PAWS works with a network of local veterinary clinics. Has your pet has been seen by a veterinarian before?  
 no     yes    Clinic / veterinarian name: \_\_\_\_\_

Does your pet have any existing health issues?  
 no     yes    List: \_\_\_\_\_

The pet owner will be responsible for a co-payment to the clinic providing services of:  
\_\_\_\_\_ \$5 (five dollars) -- vaccinations                      \_\_\_\_\_ \$10 (ten dollars) -- spay/neuter surgery  
\_\_\_\_\_ \$15 (fifteen dollars) -- vaccinations & spay/neuter surgery

Low Income Qualification: (please check any that apply)

Food Stamps     WIC                       Head Start                       Free/Reduced Lunch                       Unemployed  
 Disability                       SSI                       Social Security                       Other: \_\_\_\_\_

*For value received, I/we the owner(s) of the above-designated cat or dog, do hereby fully and completely release and discharge PAWS of Bainbridge Island and North Kitsap and all persons, agents, employees, directors and officers thereof and/or on its behalf liable from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses and losses of any kind and description which in any manner pertain to, concern, involve or relate to the spaying or neutering of my/our pet, including such pet's death or injury, and I/we agree to indemnify and hold harmless all entities and persons being released here under from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses, and losses resulting from the foregoing activities.*

By my signature below I certify the following:

- I understand that PAWS of Bainbridge Island and North Kitsap's Assistance Program is for limited income pet owners living in North Kitsap, Silverdale & Bainbridge Island only.
- I understand that PAWS Assistance is limited by funding available.
- I understand that this information provided on this application is subject to verification prior to approval.
- I understand that PAWS Assistance is provided only for owned pets that are spay/neutered or when spay/neuter is part of the treatment plan
- The information provided with this application is accurate and complete.

\_\_\_\_\_  
Signature of pet owner

\_\_\_\_\_  
Date

*PAWS values your privacy. Your information will not be shared with anyone without your approval.*