



Limited Income Spay/Neuter & Vaccine Application 2012

Referring Agency: (check one)		
<input type="checkbox"/> Helpline House	<input type="checkbox"/> ShareNet	<input type="checkbox"/> Fishline
<input type="checkbox"/> Adoption Center	<input type="checkbox"/> Vet Clinic	<input type="checkbox"/> Tribal

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

Email: _____
Age of Head of Household: _____
 Number in household: _____

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

Name _____	___ Dog ___ Cat	Name _____	___ Dog ___ Cat
Sex: ___ male ___ female	Age: _____	Sex: ___ male ___ female	Age: _____
Color/Breed: _____	est. weight: _____	Color/Breed: _____	est. weight: _____
Is this pet spay/neutered? ___yes ___no		Is this pet spay/neutered? ___yes ___no	
How long have you owned this pet? _____		How long have you owned this pet? _____	

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

The pet owner will be responsible for a co-payment to the clinic providing services.
 Co-pays range from \$10 to \$50 depending on services required. Owner initial: _____

Low Income Qualification: (please check any that apply)

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> WIC	<input type="checkbox"/> Head Start	<input type="checkbox"/> Free/Reduced Lunch	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Disability	<input type="checkbox"/> SSI	<input type="checkbox"/> Social Security	<input type="checkbox"/> 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 the 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.
- I will provide PAWS with updates, and photos/video if assistance is provided.

Signature of pet owner _____ Date _____
PAWS values your privacy. Your personal information will not be shared with anyone without your approval.