



Limited Income Spay/Neuter & Vaccine Application

2015

Referring Agency: WAC

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

Email:

Age of Head of Household:
Number in household:

Description of Pet:

Name
Sex: male female
Color/Breed:
Is this pet spay/neutered? yes no

Dog Cat
Age of pet:
Estimated weight:

How long have you owned this pet?

Have you ever received financial assistance from PAWS? yes no What Year:

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

Low Income Qualification: (please check any that apply)

Food Stamps WIC Head Start Free/Reduced Lunch Unemployed
Disability SSI Social Security Other: (attach documentation of income)

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 to funding available.
I understand that the 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.
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 other organizations without your approval.



Limited Income Veterinary Assistance Application

2015

Referring Agency: WAC

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

Email:

Age of Head of Household:

Number in household:

Description of Pet:

Name

Dog Cat

Sex: male female

Age of pet:

Color/Breed:

Estimated weight:

Is this pet spay/neutered? yes no

How long have you owned this pet?

Have you ever received financial assistance from PAWS? yes no What Year:

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

Describe your pet's existing health issue:

Low Income Qualification: (please check any that apply)

Food Stamps WIC Head Start Free/Reduced Lunch Unemployed
Disability SSI Social Security Other: (attach documentation of income)

Have you applied for Care Credit? (required) no yes : approved declined

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 veterinary treatment 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 to funding available and will typically pays only a portion of veterinary fees and that the pet owner will be responsible for the remainder of the costs.
I understand that the information provided on this application is subject to verification prior to approval.
I understand that PAWS requires a veterinary diagnosis, positive prognosis and treatment plan prior to providing assistance.
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 any other organization without your approval.

Fax completed form to 360-598-6592 or mail to: PROGRESSIVE ANIMAL WELFARE SOCIETY

P.O. BOX 10811

Bainbridge Island, Washington 98110

(206) 842-2451

www.PAWSBINK.org