



PAWS/East Bay Client Services Application



(Confidential)

Please Print or Type

Personal Information

Name _____
First Middle Initial Last

Address _____

City/State/Zip _____

Phone Number (home) _____ (cell) _____

Date of Birth _____ Email Address _____

Type of Pets:

Dog(s) How many? ____ Age(s) _____ Name(s) _____

Cat(s) How many? ____ Age(s) _____ Name(s) _____

Health Information/Diagnosis: HIV AIDS Other _____

Disability: _____

If you are being helped by any Social Services agency, please list below:

Agency: _____

Caseworker: _____ Phone: _____

Demographic Information: **

What is your ethnicity? _____

What is your gender? M F Transgender

*** This information is not required, but is very helpful in determining client base and for requesting grants based on the range of clients we serve.*

Gross Monthly Income: \$ _____

(I am applying for financial assistance in caring for my pets. I understand that any willful misrepresentation in this application may result in the termination of all services provided by

PAWS/East Bay as stated in the PAWS/East Bay Client Agreement. I agree to notify PAWS/East Bay of any change in my financial status. This application is part of the client agreement.)

Verification of Eligibility: In order to be eligible as a client of PAWS/East Bay, the following must be attached to this form:

- Proof of Residency in Alameda, Albany, Berkeley, El Cerrito, Emeryville, Oakland, or Richmond, (CA Drivers license; utility bill; rental agreement)
- Proof of Income (SSI; General assistance, State Disability award letters; bank statement)
- Proof of Medical Disability/Diagnosis or Age (physician's letter confirming disability due to illness)
- Proof of spay/neuter of your companion animal(s) (Certificate issued by veterinary service provider)

In case of an emergency, please contact:

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Phone: _____

Can this person care for your animal(s) in the case of an emergency? Yes No

If you have designated an attorney in fact (given power of attorney) for your affairs should you become completely disabled, please list below:

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

(PAWS/East Bay will require a copy of the Power of Attorney if the attorney in fact should begin to act on your behalf.)

Have you made arrangements with anyone to care for your animals should you become incapable of caring for them?

In case of an emergency, please contact:

Name: _____ Relationship: _____

Phone: _____

Please list a physician that we may contact if there is a medical emergency:

Name: _____ Phone: _____

Consent to Release Information/Statement of Fact

I hereby authorize PAWS/East Bay and its representatives to share/access information with/from relevant agencies regarding services I have received and/or requested. _____(Initials)

I hereby certify by my signature below that the information I have provided to PAWS/East Bay is true and correct to the best of my knowledge. I also understand that any false information provided to PAWS/East Bay will result in permanent termination of services. _____(Initials)

Signature: _____ **Date:** _____

Please return this form by:

Mail – PAWS/East Bay, 2700 Ninth St., Berkeley, CA 94710

Email – pawseb@berkeleyhumane.org

Fax – (510) 845-8235

If you have any questions, please contact PAWS/East by phone (510) 845-7735, x205, or by email to pawseb@berkeleyhumane.org.