



pasadena  
humane society & spca

# Helping Paws Application

## STAFF USE ONLY

P#: \_\_\_\_\_

A#: \_\_\_\_\_

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

(STAFF: ATTACH RECEIPT)

### NEEDS:

Food Bank

Flea Treatment

DOA Disposal

Microchip

Nail Trim

Euthanasia

Rabies

Dewormer

Impound Boarding Fee

Bordetella

Spay/Neuter

License Fee

DHLPP

Owner Turn-In

Impound Fee

FVRCP

Temporary Boarding

Other \_\_\_\_\_

## CLIENT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

## PET INFORMATION (List ALL animals in household. If you have more than three (3) pets ask staff for another sheet)

Pet #1) Name: \_\_\_\_\_

Type: Dog / Cat

Sex: Male/ Female

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Is your pet: (please check the appropriate box)

Microchipped:  Yes  No

Spayed/Neutered:  Yes  No

Licensed:  Yes  No  N/A

Vaccinated:  Yes  No Date of last vaccination: \_\_\_\_\_

Which vaccines did your pet receive?  Rabies  Bordetella  DHLPP  FVRCP  Don't know

Pet #2) Name: \_\_\_\_\_

Type: Dog / Cat

Sex: Male/ Female

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Is your pet: (please check the appropriate box)

Microchipped:  Yes  No

Spayed/Neutered:  Yes  No

Licensed:  Yes  No  N/A

Vaccinated:  Yes  No Date of last vaccination: \_\_\_\_\_

Which vaccines did your pet receive?  Rabies  Bordetella  DHLPP  FVRCP  Don't know

Pet #3) Name: \_\_\_\_\_

Type: Dog / Cat

Sex: Male/ Female

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Is your pet: (please check the appropriate box)

Microchipped:  Yes  No

Spayed/Neutered:  Yes  No

Licensed:  Yes  No  N/A

Vaccinated:  Yes  No Date of last vaccination: \_\_\_\_\_

Which vaccines did your pet receive?  Rabies  Bordetella  DHLPP  FVRCP  Don't know

**REASON FOR REQUEST**

1. Why are you requesting a fee adjustment today? \_\_\_\_\_

2. Are you on any form of public assistance? If yes, please check the appropriate box.

- SNAP/EBT       WIC       SSI/SSDI       Medi-Cal       GR

Other, please list \_\_\_\_\_

3. Are you currently experiencing any of these issues? If yes, please check the appropriate box.

- Lost job       Lost housing       Homeless       Life change (e.g., divorce, death in family, etc.)

Other: \_\_\_\_\_

**FOR FEE ADJUSTMENT APPLICANTS ONLY**

1. Each party shall comply with all applicable federal, state and local laws and regulations in connection with its activities pursuant to this Agreement and will follow all animal ordinances. Initial: \_\_\_\_\_

2. This agreement is made upon the express condition that the Pasadena Humane Society & SPCA, its agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, or death to any person or property of the Permittee, from any cause or causes whatsoever while in or upon said premises. I agree to indemnify, and hold harmless the Pasadena Humane Society & SPCA, its agents and employees from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same. Initial: \_\_\_\_\_

3. I understand that PHS cannot guarantee the continued health of my animal. I authorize PHS to provide any and all medical care needed while the animal is in our possession. Initial: \_\_\_\_\_

4. I agree to pay for any agreed upon fees prior to the release of my animal. Initial: \_\_\_\_\_

5. I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge. Initial: \_\_\_\_\_

**FOR FOOD BANK APPLICANTS ONLY:**

I, \_\_\_\_\_ affirm, that the information provided above is true to the best of my knowledge. I agree to sterilize (spay/neuter) my animal(s), have them fully vaccinated, and license them with the city as a requirement to becoming a member of the Food Bank program at the Pasadena Humane Society & SPCA. I understand that if I do not comply with these arrangements by presenting proof of sterilization, vaccination, and licensing within an agreed upon time frame, I am subject to termination of my Food Bank membership.

I understand that I am receiving food for my animal only and not giving it to others or selling it for profit. Initial: \_\_\_\_\_

I understand that PHS has the right to refuse food at any time. Initial: \_\_\_\_\_

I agree not to take responsibility for any other pets while I am receiving Food Bank services. Initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photo Identification (Driver's License, Passport): \_\_\_\_\_

Proof of ownership (type): \_\_\_\_\_