



# PROGRAM APPLICATION

APPROVED:	YES	NO
APPOINTMENT CONFIRMATION		
<input type="checkbox"/>	By phone - Date:	_____
<input type="checkbox"/>	In person - Date:	_____

Clearlake Pet Project provides free spay/neuter, vaccinations and parasite control to the owned pets of very low income residents of Clearlake, and unincorporated areas of Lake County, California. Limited space is available in 2017. This is a program of Animal Refugee Response, a non-profit organization, and was made possible by a generous grant from PetSmart Charities.

## PET OWNER INFORMATION

Pet Owner's Name \_\_\_\_\_

Physical Address (Street address only - No P.O. Box) \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

Where did you hear about this program? \_\_\_\_\_

Date of Application \_\_\_\_\_  In person at \_\_\_\_\_  By mail

**REQUIRED:** Proof of Residency. Confirmed by:  Driver's Lic/Photo ID  Utility Bill  Other

**REQUIRED:** Proof of low income. Confirmed by:  Public assistance form  Tax return  Other

## PET INFORMATION

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_  Dog  Cat  Male  Female

Breed \_\_\_\_\_ Description \_\_\_\_\_ Weight \_\_\_\_\_

Description (color(s), long hair/short hair) \_\_\_\_\_

Proof of Ownership. Confirmed by:  Adoption Form  County Form  Vet Bill  Other

Last time this pet was seen by a veterinarian \_\_\_\_\_ Is your animal pregnant?  Yes  No

Date of Last Vaccinations? Rabies \_\_\_\_\_ (Dogs) Parvo/Distemper \_\_\_\_\_ (Cats) FVRCP \_\_\_\_\_

Health Concerns/Allergies? \_\_\_\_\_

Are you able to provide transportation for your pet to/from the appointment?  YES  NO

Do you have an indoor place for your pet to recover for up to 10 days?  Yes  No

Are you applying for other pets too?  YES  NO **Use a separate application for each pet.**

**IF YOU QUALIFY, YOU WILL BE NOTIFIED OF YOUR APPOINTMENT BY PHONE. IF YOU MISS YOUR APPOINTMENT, YOU WILL BE DROPPED FROM THE PROGRAM. DOGS MUST ARRIVE ON LEASH OR IN CARRIER. CATS MUST ARRIVE IN CARRIER. NO EXCEPTIONS.**

I understand that I am applying to a free program that will result in my cat or dog being spayed/neutered, vaccinated and treated for parasites. I understand that my pet must be healthy and old enough to receive these services in the opinion of the examining veterinarian. I agree to give feedback about the program. I consent to having my photograph used in conjunction with this program.

Pet Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DO NOT WRITE IN THIS BOX</b>		
<input type="checkbox"/> Owner will transport	<input type="checkbox"/> Transportation Needed	
Appointment: Day _____	Date _____	Time _____

**MAIL COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:  
CLEARLAKE PET PROJECT, 3026 Humphrey Ave., Richmond, CA 94804**