



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: _____

DO NOT WRITE IN THIS BOX		
<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**