



Client Information

The **PAWS (Pets Assisting the Well-being of Seniors)** Program offers free supplemental pet food and flea medicine for qualified seniors. We understand that pets can provide much needed companionship and reduce loneliness that our clients may experience. Pets help provide emotional support, and promote physical health and activity. We understand that many of our clients are on a fixed income. We want to help our clients enjoy their pets without the stress of added expenses.

Client Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Emergency Contact: _____ Phone: _____

Pet 1 Information

Pet 1 Name: _____ Species: _____

Male or Female: _____ Breed: _____

Age of Pet: _____ Weight: _____

Indoor or Outdoor Pet: _____ To your knowledge, is your pet in good health: _____

Does your pet need food one time or monthly: _____ Do you need flea medicine once or monthly: _____

Does your pet need its nails trimmed: _____ Does your pet need to be groomed: _____

Is your pet spayed or neutered: _____ Are you willing to have your pet spayed or neutered at a low cost: _____

Pet 2 Information

Pet 2 Name: _____ Species: _____

Male or Female: _____ Breed: _____

Age of Pet: _____ Weight: _____

Indoor or Outdoor Pet: _____ To your knowledge, is your pet in good health: _____

Does your pet need food one time or monthly: _____ Do you need flea medicine once or monthly: _____

Does your pet need its nails trimmed: _____ Does your pet need to be groomed: _____

Is your pet spayed or neutered: _____ Are you willing to have your pet spayed or neutered at a low cost: _____

Pet 3 Information

Pet 3 Name:	_____	Species:	_____
Male or Female:	_____	Breed:	_____
Age of Pet:	_____	Weight:	_____
Indoor or Outdoor Pet:	_____	To your knowledge, is your pet in good health:	_____
Does your pet need food one time or monthly:	_____	Do you need flea medicine once or monthly:	_____
Does your pet need its nails trimmed:	_____	Does your pet need to be groomed:	_____
Is your pet spayed or neutered:	_____	Are you willing to have your pet spayed or neutered at a low cost:	_____

Notes and Comments

Waiver and Release of Liability

This agreement is entered into on a voluntary basis with Meals on Wheels of Solano County and _____ (pet owner). This agreement is valid the for the entirety of program.

By enrolling into Meals on Wheels PAWS Program I understand the following (please initial below):

1. I understand that the pet food and supplies have been donated by local stores, shelters and individuals and is not for sale to the public. I agree to use these products for my personal pet(s). _____
2. I understand and agree that Meals on Wheels of Solano County makes no warranties as to the pet food and supplies and does not assume any liability and/or guarantee for these pet food supplies in any way. _____
3. I understand that requests for specific types of food will be considered, Meals on Wheels of Solano County will only be able to provide food that is available. _____
4. I understand that the flea medicine used is over the counter. We only suggest using Frontline or Advantage brand flea medicine, unless your veterinarian recommends a different type. I understand that some pets may have allergies or more severe reactions to flea treatments. I will not hold Meals on Wheels of Solano County liable if injury occurs. _____
5. I give my permission for flea medication to be administered by a volunteer or staff member of Meals on Wheels of Solano County. I understand that they are not operating under the care of a veterinarian and that we are following the manufacturers instructions. _____
6. I acknowledge that it is my responsibility to care for my pet and seek medical attention if necessary. I understand and agree that I will not hold Meals on Wheels of Solano County, staff or volunteers responsible or liable for accident, escape, injury or death of my animal at any time. _____
7. I am the legal owner of the pet(s) named above. _____

Signature of Pet Owner: _____ Date: _____

Signature of Meals on Wheels Volunteer / Staff: _____ Date: _____