

# Client Application



New  
  Changes  
  Reapplication  
  Re-Evaluation

## General Information:

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / 200\_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Apt. City Zip

Between what two streets: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / 19\_\_\_\_\_ Sex: M F

May we mail correspondence from THE PET PROJECT to your home address?  Yes  No

Contact Information	Number	May we call you at this number?	Voice mail/ answering machine at this number?	May we leave a message at this number?	Can you retrieve your messages remotely?	Best Time to Call
Home Phone		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e-mail	@ .					

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### List of all persons who live with you.

	Full Name	Relationship	Age of Children
1.			
2.			
3.			
4.			

### List of all companion animals that live with you.

Full Name	Type of Animal	Breed	Age	Sex

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I certify that I have been diagnosed having a terminal disease by a qualified physician

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 200\_\_\_\_\_

*(Letter of Diagnosis, issued within the past six months, signed and dated by a health care professional must accompany this form)*



### Case Management Services

If you are being assisted by another social service agency please complete this section.

Case Manager: \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_  
*Number Street City Zip*

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_ @ \_\_\_\_\_

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### Clinical Considerations

The information you provide here will enable us to make the best possible assessment in determining how we can help you to continue to take care of your companion animals.

Secondary Diseases. Are there any other illnesses, disabilities, or effects of your disability which we need to be aware of (i.e., seizures, heart problems, blood pressure, etc.) Please write out, do not use initials, for disabilities or diagnosis. (Not HIV related) \_\_\_\_\_

\_\_\_\_\_

#### Functional Capacity

No limitations \_\_\_\_\_ Limited endurance \_\_\_\_\_ Bed rest < 4 hours/day \_\_\_\_\_ Complete Bed rest \_\_\_\_\_  
Independent at home \_\_\_\_\_ Hearing Impaired \_\_\_\_\_ Legally blind \_\_\_\_\_ Wheelchair \_\_\_\_\_  
Partial Weight bearing \_\_\_\_\_ Walker \_\_\_\_\_ Cane/crutches \_\_\_\_\_

#### Protective Supplies

Identify the needed item (s). Explain how many (qty) are needed in a month, why item is medically necessary, and who will use the item (s).  Eye Shield  Mask  Nonsterile Gloves\*

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

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### If You Have A Will Complete this Section

Name of Personal Representative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*number street apt. city state zip*

Home phone: \_\_\_\_\_ Is it okay to leave a message on their home phone?  Y

Work phone: \_\_\_\_\_ Is it okay to leave a message on their work phone?  Y

Are Your Animal/s in Your Will?  Y

If your animal/s are not in your will, have you made arrangements with or know of a particular person who would take your animal?  Y

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## Liaison

THE PET PROJECT wants to be sure that our service to you is the best possible and that it remains uninterrupted. Often our clients experience unexpected emergencies or must, for example, go into hospital on very short notice. Sometimes, and for a variety of reasons, our clients cannot contact us quickly to put into effect some emergency procedures. This is especially important if you are relying on us for temporary in-home care (cats) or foster home care (dogs and cats).

In order to ensure that any emergency procedures that may be needed are affected smoothly we are asking you to designate a liaison person. In the event that you yourself are not able to contact us, such a person would be able to do so in your place.

*In considering who this person might be, remember: (1) they must be aware of your health status, (2) they must know about THE PET PROJECT and have our office telephone number and (3) they must be someone most likely to know about any situation that may occur immediately. It might, for example, be the person to whom you have given power of attorney.*

Please give this some thought, discuss it with the designated person and then provide the information asked for below and sign it. Remember, we will be relying on this person to assist us in assisting you.

**The person designated as my liaison with THE PET PROJECT is \_\_\_\_\_ who resides at Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ has keys to my apartment. I have discussed the matter with this person, they are aware of my health status, know about THE PET PROJECT and have the telephone number and have agreed to be my designated liaison with THE PET PROJECT.**

**May we mail PET PROJECT correspondence to your contact person at their home address?**  Yes  
**Home phone:** \_\_\_\_\_ Is it okay to leave a The Pet Project message on your home phone?  Yes  
**Work phone:** \_\_\_\_\_ Is it okay to leave a The Pet Project message on your work phone?  Yes  
**Cell phone:** \_\_\_\_\_ Is it okay to leave a The Pet Project message on your cell phone?  Yes  
**e-mail:** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_ Is it okay to leave a The Pet Project message on your e-mail?  Yes

**I understand that as part of a routine and periodic check THE PET PROJECT could contact this person.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/200\_\_\_\_\_  
Date