



Intake Form

Client Name _____

Pronouns _____ DOB _____

Physical Address / City / State / Zip _____

Mailing Address / City / State / Zip _____

Homeless Yes No

Cell Phone _____ Alt Phone _____

Primary Email _____ Alt Email _____

Total # People in Household _____ Household Income/Month _____

Are you in a domestic violence situation where the current safety of you, your family and/or your pet(s) are at risk?

Yes No

DEMOGRAPHIC INFORMATION FOR GRANT PURPOSES (OPTIONAL)

Ethnicity / Race

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian / Pacific Islander | <input type="checkbox"/> Hispanic, Latino, or Spanish | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Two or more ethnicities | <input type="checkbox"/> Other |

Gender

- Female Male Transgender Nonbinary Other

Disability

Have you been diagnosed with any physical or mental disability or impairment that requires accommodations?

- Yes No

PET INFORMATION

#	Pet Name	Type	Age	Breed	Color	Sex	Altered?	Shots UTD?
Ex	Beck	Dog	8 yrs	Lab Mix	Brown/White	M	Y	Y
1								
2								
3								
4								

Please answer the following questions for each pet listed above:

	Pet #1	Pet #2	Pet #3	Pet #4
Has the animal been around children?				
Explain any reactions with children				
Has the animal been around dogs?				
Explain any reactions with dogs				
Has the animal been around cats?				
Explain any reactions with cats				
Has the animal had any history of dog aggression?				
If yes, please explain				
Has the animal had any history of cat aggression?				
If yes, please explain				
Has the animal had any history of human aggression?				
If yes, please explain				
How many times has your pet bit a human?				
If a cat, is he/she FeLV positive?				
Other current or past medical issues				

Current Vet _____

Do you agree to release all vet records to Beck's Place? (initial) Yes No

VACCINATION INFORMATION

Please indicate the last known vaccination date for the following vaccines:

	Pet #1	Pet #2	Pet #3	Pet #4
DOGS				
DHPP				
Bortadella				
Rabies				
Lepto				
CATS				
FVRCP				
Rabies				

ANIMAL CRUELTY

Animal Cruelty Clause *initial* to indicate you read and understand this clause

I understand that Beck's Place is obligated to report any signs of or witness to animal cruelty, abuse and/or neglect as defined by all state, county and local laws and ordinances.

FOSTER BOARDING AGREEMENT (Must be completed if applying for Foster Boarding Program)

Names of pets you are requesting to be boarded (must be listed in the Pet and General Information sections above):

Reason for boarding (check all that apply) Housing Issues Domestic Violence
 Medical Legal Substance Abuse Financial Other _____

Drop Off Date _____ Pick Up Date _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Email: _____

Abandonment of Animal Clause _____ *initial to indicate you read and understand this clause*

I understand that, in accordance with RCW 16.54.010, my animal will be considered abandoned if I do not pick up the animal by the "Pick Up Date" date noted above and/or I have not made approved arrangements with Beck's Place to extend the pick up date for my animal wherein we mutually agree Beck's Place will continue to provide boarding and animal services as indicated in this agreement. If no pick up date is established in the original agreement the default pick up date will be 30 days from the date the animal entered in to foster care with Beck's Place. The animal will be considered abandoned if the animal is not picked up and removed from Beck's Place foster boarding program within 15 days after notice to remove the animal has been given to the owner. I understand that as an abandoned animal, Beck's Place will rehome the animal in accordance with state and local laws.

Animal Placement Clause _____ *initial to indicate you read and understand this clause*

I understand that Beck's Place provides boarding via a network of dog kennels and volunteer foster homes. I do not get to choose where my animal is placed. Beck's Place will board my animal based on availability and a match of the animal needs with the foster facility or home.

Vaccination Clause _____ *initial to indicate you read and understand this clause*

Proof of vaccinate is required for the Foster Boarding Program. I understand that if I do not have proof of vaccination my animal will be required to receive vaccines in order to be boarded by Beck's Place. If I do not have proof of vaccination I authorize Beck's Place to bring my animals as listed in this boarding agreement to a licensed veterinarian to receive vaccinations as listed in the Vaccination Information section above.

Veterinary Care Clause _____ *initial to indicate you read and understand this clause*

I understand that my animal may become injured or ill and require treatment while in Beck's Place Foster Boarding Program. I understand that if that is the case, Beck's Place will consult a vet of their choice and is authorized to make medical decisions for my animal on my behalf. Beck's Place will make reasonable effort to consult me on all vet care but I understand that in an emergency that may not be possible.

Spay & Neuter Clause _____ *initial to indicate you read and understand this clause*

I understand that it is a requirement for my pet to be spayed or neutered to receive services at Beck's Place. If my pet is not spayed/neutered I give consent for Beck's Place to arrange for spay/neuter services with a veterinarian or spay/neuter clinic of their choice.

SIGNATURE PAGE

I certify that I am the legal owner of the animal(s) listed above and the information herein is accurate to the best of my knowledge. I agree to waive any claims against Beck's Place for loss or damages to said animal(s), due diligence and care having been exercised. It is agreed to by me that the liability of Beck's Place shall in no circumstances exceed the current value of an animal of the same species. I give Beck's Place and its agents permission to care for said animal(s) and understand that I am solely responsible for any damage or harm caused to or by said animal(s) that I own. I agree that in entrusting said animal(s) to Beck's Place and their agents that they have relied on my representation that said animal(s) are in good health and have not harmed or shown aggressive behavior toward any person or animal except as otherwise indicated in this form. I, the owner, have read and understand the terms set above. I agree to abide by all terms, conditions and statements of this agreement.

Signature

Date



AFFIDAVIT FOR QUALIFICATION FOR LOW-INCOME SERVICES

I _____, declare that:
 (Name)

I qualify for the low-income services offered by Beck's Place and, if necessary, can provide proof of the following:

1. I reside in _____(City) in **Snohomish** County, State of Washington.
2. The total number of persons living in my household is _____.
3. Income received from all sources in the household on an annual basis is less than or equal to the amount provided in the chart below.

For Families Making Less Than:	All Excl Spay & Neuter¹	Spay & Neuter²
Individual	\$ 40,770	\$ 66,750
2 Person Household	\$ 54,930	\$ 76,250
3 Person Household	\$ 69,090	\$ 85,800
4 Person Household	\$ 83,250	\$ 95,300
5 Person Household	\$ 97,410	\$ 102,950
6 Person Household	\$111,570	\$ 110,550
7 Person Household	\$125,730	\$ 118,200
8 Person Household	\$139,890	\$ 125,800

¹Per 2022 Federal Poverty Guidelines - 300%

²Meets Pasado's Safe Haven and Homeward Pet Income Requirements

I understand that Beck's Place is unable to provide services to households that are not at or below these qualifications.

Signature _____

Date _____



MEDIA RELEASE

I, the undersigned, do hereby grant permission to Beck's Place to use my and/or my minor child's story, photo, video or other item, hereinafter referred to as "Materials," for use on Beck's Place web site, social media accounts, promotional video and/or various printed materials.

I hereby release you, your representative, employees, managers, members, officers, volunteers, and directors, from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the Materials will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement. I further acknowledge I have the legal authority to consent to this release on my child's behalf.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein.

Signature _____ Date _____

Names of minor children _____