

Paws of Honor Application



Handler/Owner Information

Name	
Street Address	
City, St ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

K9's Information

Name	
Agency	
Decommission/ Retirement Date	
Breed	
Age	
Color	

Agency Information

Agency Name	
Reference Name	
Phone	
E-Mail	

Agreement and Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate disqualification. I further understand benefits can be canceled, denied or changed at the sole and absolute discretion of the President or Board of Directors of Paws Of Honor, Inc. This is NOT a binding agreement or commitment. The benefits are based solely upon charitable contributions and lack thereof will result in zero benefits.

Name (printed)	
Signature	
Date	

Administration/Official Use Only

Date Applied:	Date Excepted:	Approval #:	Approved By:
Notes:			