



Pet Food Pantry Application

Name _____ Date of registration _____

Driver's license/State ID _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Veterinarian name and phone # _____

<u>Name of Pet / Breed</u>		<u>Age</u>		<u>Spayed/Neutered</u>
_____	Male or Female	_____	Dog	Weight _____ Y / N
_____	Male or Female	_____	Dog	Weight _____ Y / N
_____	Male or Female	_____	Cat	Y / N
_____	Male or Female	_____	Cat	Y / N

Signature:

By signing, I am stating that the above information is correct and I agree to the application terms. I understand this program relies on donated food from the community. I also understand the program is intended as a supplemental food source and is not the sole source of food for my pets. I will show proof my pets are spayed or neutered if not, I agree to have my pets spayed or neutered in order to be able to continue the program.

This program does not feed stray animals or feral cats.

Signature: _____

Date: _____

Staff signature: _____

Date: _____

Qualifying document circle one WIC card Bridge card SSD card Medicaid

other/type _____