



Application for Assistance

Date: _____

Name: _____ Date of birth: _____

Phone number: _____ Email: _____

Street address (no PO boxes): _____

Authorized person(s) to pick up food: _____

Please explain why you are requesting assistance: _____

How long do you think you will need assistance? _____

Are you interested in volunteering to help others in need? _____

Would you be interested in information about low-cost spay/neuter programs? _____

Are you able to make a small donation each month to the humane society? _____

Name of pet	Age	Breed	Weight	Spayed or Neutered	Date of Rabies Vax

Veterinarian: _____ Phone #: _____

Do any of your pets have allergies and/or on a special diet? _____

If so, please provide a letter from your veterinarian explaining why with a list of the ingredients your pet can not have.

If your pet is not spayed/neutered, please explain why: _____

If your pet is not up to date on his/her rabies vaccine, please explain why: _____

If your pet is overweight or underweight, please explain: _____

This information will help us determine the right amount of food to provide for your pets. The volunteers at Pet Pantry will do their best to determine the right amount of food to provide for your pet for one month. Please plan on picking up food no more than once a month.

By signing this application, you are stating that the information provided is truthful and you understand that any falsehoods will be considered fraud.

Signature: _____

Printed name: _____

Date: _____