



**Pet Supplies Assistance**

Client Information (must be filled out completely) Date of Registration: \_\_\_\_\_

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Drivers License/ Identification Number: \_\_\_\_\_ **\*(Required)\***

<u>Name of Pet</u>	<u>Breed</u>	<u>Age</u>	<u>Weight in Pounds</u>			
_____	_____	_____	3-20	20-60	60-80	80-100
Dog or Cat ( <i>Circle</i> )	Male or Female					
_____	_____	_____	3-20	20-60	60-80	80-100
Dog or Cat ( <i>Circle</i> )	Male or Female					
_____	_____	_____	3-20	20-60	60-80	80-100
Dog or Cat ( <i>Circle</i> )	Male or Female					

**Please choose the type of food you typically feed your pet.**

**Dogs:**

\_\_\_ Dry

Brand: \_\_\_\_\_

\_\_\_ Can/Wet

Brand: \_\_\_\_\_

**Cat:**

\_\_\_ Dry

Brand: \_\_\_\_\_

\_\_\_ Can/Wet

Brand: \_\_\_\_\_

**Please list any allergies your pet has to types or brands:**

\*Food: \_\_\_\_\_

\*Treats: \_\_\_\_\_

\*Litter: \_\_\_\_\_

\*Bedding: \_\_\_\_\_

**Pet Pantry Policies:**

**Please read carefully!**

\* Any ***one*** house hold may receive assistance ***six*** times per year.

\*The number of pets is limited to ***three*** pets per household.

\*The amount of food given for each pet will be of the amount appropriate for the size of the pet, and the amount of food given will equal to ***one*** weeks supply.

\* Pet Pantry will supply a five gallon bucket to families that have two or more large pets. You will be responsible for returning the same numbered bucket and lid you were assigned previously. **Buckets must be clean in order to receive a “refill”.**

\*We reserve the right to not support or give assistance to; animal breeders, puppy mills or animal hoarders. Any person(s) that gives false information to obtain assistance will be immediately terminated from the program permanently.

**\*In the event that abuse or neglect of any animal is suspected, the proper authorities will be contacted and the abuse will be reported. We will relinquish any personal information of the suspected person(s) to law enforcement officials.**

**Liability Release\*(Required to receive assistance)\***

I, \_\_\_\_\_ understand that by signing this statement, I agree that the items provided to me; being that of food, treats, or any other supplies by the Pet Pantry, are free of foreign and/or harmful objects that could hurt or injury my pet(s). In the event that my pet(s) become ill or parishes, I fully release the Pet Pantry and all volunteers and staff from any legal, financial or civil responsibilities.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Staff/Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please read carefully\*\***

We are only able to help with up to three pets per household at this time. They can be any combination of animals, however only three animals total. We will change the limits per household according to the amount of donated items we have at the time.

Which proof of low income did you bring today? Please mark all that apply to your household.

Proof of Residency

Bridge Card

Health Card

Disability/S.S.I

Unemployment Card/Stub

Other

**\*\*Pet Pantry Staff must visually confirm that your identification, please have your I. D. and other proofs available.**