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| --- | --- | --- |
|  |  | Application |
| **Pet Food Pantry** |  | APPLICATION DATE: \_\_\_\_\_\_\_\_\_\_ |
|  |  | PET PARENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| PET NAME | SPECIES/BREED/COLOR/AGE | WEIGHT | SPAY/NEUTER |
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**1.)  Do you receive assistance of any kind from the options listed below? (Circle all that apply)**

SSI SSA Medicaid WIC SNAP School Lunch

Widow’s Benefits Veteran's Benefits Housing Benefits Unemployment

**2.) Number of Adults in Home? \_\_\_\_\_\_\_\_\_\_ Number of Minors in Home? \_\_\_\_\_\_\_\_\_\_**

**4.) Total Household Income Monthly? \_\_\_\_\_\_\_\_\_\_**

**5.) If you are unavailable to pick up food, please name someone who may pick up for you.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6.) If you have a current veterinarian please list the name of the clinic below.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7.)  Do you need information on low cost vaccinations for your pets? (Circle One) YES NO**

**INITIAL ALL ACKNOWLEDGEMENTS BELOW:**

* **I understand that proof of income (pay stub, benefits letter, W2, etc.) is required to receive assistance from C.A.R.E. I agree to bring proof of income within 60 days of completing my application. \_\_\_\_\_\_\_\_\_\_**
* **I understand that it is a requirement of C.A.R.E. that my pets are spayed/neutered. If they are not, I will be provided information on low cost spay/neuter surgery and I will have 60 days to have my pet(s) spayed/neutered or will be discontinued from the program. \_\_\_\_\_\_\_\_\_\_**
* **I understand that I may not add any more pets to my household while receiving assistance from this program \_\_\_\_\_\_\_\_\_\_**
* **I understand that this program is meant to provide aid that is supplemental, and will not be sufficient to provide full nutrition for my pet. I understand specific food types will not be available upon request, and food may not always be available due to limited intake of donations. I understand I may pick up food once per month on any day. \_\_\_\_\_\_\_\_\_\_**
* **As all food provided to the public is received from donations, unmonitored by C.A.R.E., I release Companion Animal Rescue and Education from any claims, liability or damage relating to food I receive through the program, and I waive my right to raise any claims against C.A.R.E.  \_\_\_\_\_\_\_\_\_\_**

**STAFF USE ONLY: RECORD COMPLETE? YES NO**

**NEXT STEPS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**