



4-Legged Food Pantry Application

Name _____ Date of registration _____

Driver's license or State ID _____

Address _____

City _____ State _____ Zip _____

Best way to contact you:

Phone _____ Text _____ E-mail address _____

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	Weight _____ Y / N
_____ Male or Female	_____ Cat	Weight _____ 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 and does not guarantee food availability. 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: _____

Volunteer signature: _____ Date: _____

Qualifying document (circle one) WIC card Bridge card SSD card Medicaid

Other/type _____