



DOG FOOD ASSISTANCE APPLICATION



1. OWNER INFORMATION

name: _____
 street address: _____
 city/zip: _____ phone: _____
 email: _____
 how many pets: ___ cats ___ dogs
 how did you hear about our program? _____

**Please note, you must provide picture ID with your current address, proof of your pet's spay/neuter, and you may also be required to bring your pet to receive food.*

2. BACKGROUND INFORMATION

Please tell us why you need assistance.

- _____ lost job
- _____ found your pet
- _____ low/fixed income
- _____ currently on state assistance
- _____ other (please specify)

3. PETS: PLEASE LIST ALL THE PETS BELOW (food assistance limited to 3 pets per household)

PETS NAME	DOG/CAT	AGE	SIZE (CIRCLE ONE)/BREED	SPAYED OR NEUTERED?
			S M L XL Breed: _____	___ YES ___ NO
			S M L XL Breed: _____	___ YES ___ NO
			S M L XL Breed: _____	___ YES ___ NO
			S M L XL Breed: _____	___ YES ___ NO
			S M L XL Breed: _____	___ YES ___ NO
			S M L XL Breed: _____	___ YES ___ NO

4. TO BE CONSIDERED FOR ASSISTANCE

INITIAL	CONDITIONS
	You are the owner of the pet.
	You are 18 years and over.
	All pets in the household must be spayed/neutered to continue to receive food after 30 days.
	Pet food must not be resold, reselling any of the food will result in your termination from the program.
	You will not breed any of your pets for any reason
	If you are unable to afford spay/neuter for your pet, you will be referred to low cost options.
	You understand the food is donated. Since the food may not be the same as your current brand of food, you may have to gradually introduce it into your pet's diet by mixing it with their current food and increasing the amount at each feeding. Changing your pet's diet may cause stomach upset/diarrhea.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted into the pet food pantry, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

NAME (printed) _____ Signature _____ Date _____

Will you allow us to take a photo of your pet(s) and you and your pet(s) to be used for advertising purposes? _____ (Initial) If initialed, by signing above, you agree to relinquish all rights for monetary gain and compensation. *Canine Companions Rescue Center* reserves the right to deny any application or deny any applicant food for any reason at any time.