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Pet Food Pantry Assistance Application

Please complete this application for assistance. Please answer each question honestly and truthfully. All information will remain confidential. Any false information on this application will result in denial or assistance.

Applicant Information

Full Name: _____

Street Address: _____

City _____ **Zip** _____ **County** _____

Phone _____ **Alt phone** _____

Email Address _____

Would you prefer to be contacted via phone or email? _____ Phone _____ Email

Household size: _____ Adults _____ Children **Do you have transportation?** Y / N

Annual Gross Household Income:

- ___ \$0-\$9,999
- ___ \$10,000 - \$19,999
- ___ \$20,000 - \$29,999
- ___ \$30,000 - \$39,999
- ___ \$40,000 - \$49,999
- ___ \$50,000 +

Reason for financial need:

- ___ Reduced income
- ___ Unemployed
- ___ Disability
- ___ Other (explain) _____

How did you hear about SAFE Haven's Pet Food Pantry? _____

Have you received assistance from our Pet Food Pantry previously (circle one) Y/N When? _____

Are any of the pets named below used for breeding? (circle one) Y/ N

Would you allow us to take a photo of your pet(s) and/or you to be used for advertising purposes?
Y/N If yes, by signing below, you agree to relinquish all rights for monetary gain and compensation.

Please Note: Our clinic offers low cost spay/neuter and vaccinations for pets. Please ask a Pet Food Pantry representative for more information.

Pet Information

Name	Service/ Pet	Species/Breed	Sex	Age	Weight	Spay/ Neutered
	Y / N					Y / N
	Y / N					Y / N
	Y / N					Y / N
	Y / N					Y / N

Requests for specific food types will be considered (i.e. senior, large breed, etc.);, however, SAFE Haven Cat Shelter & Clinic will only be able to provide food that is available.

Brand of food pet prefers (wet, dry, brand): _____

Additional comments:

Liability/Signature

I understand that the pet food and supplies received through SAFE Haven’s Pet Food Pantry has been donated by manufacturers and individuals and is not for sale to the public. Therefore, I agree to use these products for my personal pet(s) only and will not re-sell these products to any person(s) or business(es). I understand and agree that SAFE Haven’s Pet Food Pantry makes no warranties as to the pet food and supplies and does not assume any liability and/ or guarantee for these pet food supplies in any way.

Applications must be signed and dated to be accepted. No exceptions.

Signature _____ Date _____

Printed Name of Applicant _____

All information provided is used only to determine your need for pet food and supplies, and will not be shared with a third party. All information must be completed to get assistance. Incomplete or illegible applications will not be processed.