



PET FOOD ASSISTANCE APPLICATION (Identification Required)

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Work/Cell Phone: () _____ Home Phone: () _____

Email: _____

By providing your email address, you are also giving us permission to add you to our Supporter & Volunteer email list. These lists are for *For The Love Of Paws Senior Pet Sanctuary Inc* use only. We will never sell them or give them to any other organization.

In order to receive Pet Food Assistance you must provide proof of:

Senior Citizen Social Security Disabled Veteran Medicare Medicaid SSI SSDI

If None of the above apply: Why are you asking for Assistance? _____

HOUSING: Own Home Rent Homeless Live with Family Live with Others

Names of all other adults in your household: _____

TRANSPORTATION: Do you own a vehicle? Yes No

If Yes, Year, Make and Model: _____

PET(S): Number of pets in household: Dogs _____ Cats _____

Other _____

Pet(s) Name/Age: _____

- Is/are your pet(s) spayed or neutered? Yes No
- If No, will you have them spayed or neutered if we can financially help? Yes No
- I further agree that I will not breed my pet(s).
- Only "ONE" Application per household will be accepted.
- I understand that no matter how many pets I have I will only receive the 8-12 lbs of supplementary pet food.

This agreement releases *For The Love Of Paws Senior Pet Sanctuary Inc, DBA Paws Meals On Wheels, Space Coast Kibble Kitchen*, hereinafter referred to as *Paws Pet Food Pantry* from any and all liability relating to injuries, illness, medical or physical by me or my pet(s) by participating in or obtaining pet food from the *Paws Pet Food Pantry* or at any of its distribution locations. By signing this agreement, I agree to hold harmless, entirely free from any liability, financial responsibility or loss incurred by me or my pet(s). I further understand that the pet food provided is not to be distributed to anyone else or their pets and is exclusively given to me for my own pets.

Signature of Applicant: _____ **Date:** _____

Printed Name of Applicant: _____

FTLOP Representative Approved Not Approved (*Comments on back*)

Reviewed by: _____ Date: _____

Comments: _____