Milford Pet Food Pantry

Pet Food Assistance Application

Please fill out this application so we can determine if you're eligible for assistance. Please answer each question truthfully. All information given is kept strictly confidential. Any false information on this application will result in the disapproval of this application and assistance will be denied.

In order to be considered for assistance, you must:

1. Be 18 years and older.
2. Have picture ID with your current address.
3. List the names of all household members 18 years and older.
4. If the number of pets change in your household or you move, you agree to fill out a new application.
5. Understand the food provided is donated and that it may not be your current brand, therefore your pet(s) could get an upset stomach due to the introduction of a new food to their diet.
6. Agree to hold the Pantry, its staff, and volunteers free from all legal action and are aware of the risks involved with feeding your pet a new food.
7. Agree you do not breed any of your pets or animals for profit or sport.
8. Understand the Pantry has the right to deny your application.
9. **Agree by receiving food from the Pantry, to give a food or monetary donation back to the Pantry at distribution or when you are able to.**

By signing your name below, you understand and agree to all of the provisions above.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR THE PANTRY'S USE ONLY

Application Processor: _____Date: _____

Approved: _____ Disapproved: _____ Pending: _____

Reason for disapproval or pending status: _____

Amount of food given (in pounds): _____

Comments: _____

NAME: _____DATE: _____
ADDRESS: _____ CITY: _____
_____ ZIP:_____ PHONE NUMBER: _____
NUMBER OF HOUSEHOLD MEMBERS:_____ NAMES OF MEMBERS OVER 18
_____
_____

Are you receiving Food Stamps or government assistance? Yes____ No_____
If 'yes' how long have you received the assistance: Month_____ Years_____

How many pets are in your household? ____
PLEASE LIST ALL PETS INCLUDING THEIR NAMES, TYPE, BREED, AGE, AND SIZE
PET1'S NAME:_____TYPE (cat/dog)_____
BREED: _____ AGE: _____ SZ: S M L XL

PET2'S NAME:_____TYPE (cat/dog)_____
BREED: _____ AGE: _____ SZ: S M L XL

PET3'S NAME:_____TYPE (cat/dog)_____
BREED: _____ AGE: _____ SZ: S M L XL

PET4'S NAME:_____TYPE (cat/dog)_____
BREED: _____ AGE: _____ SZ: S M L XL

PET5'S NAME:_____TYPE (cat/dog)_____
BREED: _____ AGE: _____ SZ: S M L XL

PET6'S NAME:_____TYPE (cat/dog)_____
BREED: _____ AGE: _____ SZ: S M L XL
(If you need more space please list the pets on the back of this page)

1. How did you hear about the Pantry? (optional) _____
2. Have you received assistance from this Pantry before? YES___ NO___ When? _____
3. Are any of the pets named above used for breeding? YES___ NO___ Sport? YES___ NO___
4. If you brought your pet(s) with you, would you allow us to take a photo of your pet(s) or you and your pet(s), to be used for advertising purposes? YES___ NO___ If yes, by signing below one agrees to relinquish all rights for monetary gain and compensation.

PLEASE NOTE: We offer referral services for low-cost vaccinating, spaying, and neutering of a pet. Please ask a Pantry representative for more information.
I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND THAT GIVING ANY FALSE INFORMATION WILL RESULT IN THE DISAPPROVAL OF THIS APPLICATION AND DISQUALIFICATION OF FUTURE APPLICATIONS.
SIGNATURE: _____DATE: _____