



Pet Food Bank Application

Name: _____ Date: _____

CDL/ID: _____

Mailing Address: _____ City: _____

ZIP: _____

Phone: _____ Email: _____

Are you 18 years old or older? YES NO

How many pets are you enrolling to receive food? *(Maximum 3 pets per household.)*

_____ Dogs _____ Cats

Pet's Name	Dog or Cat?	Breed	Age	Spayed/Neutered?	Weight

Who is your pet's regular veterinarian? _____

By signing below, I understand/agree to the following:

- I am low-income and am having difficulty affording to feed my pet(s) without assistance.
- I understand the food provided by the Calaveras Humane Society's Pet Food Bank is donated and may not be the same type that I am currently feeding my pets.
- I understand that the Calaveras Humane Society is unable to accommodate special requests for certain formulas, flavors, etc. (i.e. grain free, senior food, indoor formula, etc.).
- I agree that I will not adopt or otherwise add additional pets to my household while I am receiving food from the Calaveras Humane Society's Pet Food Bank.
- I agree not to sell or otherwise redistribute any food or items received from the Calaveras Humane Society's Pet Food Bank, or attempt to return it to any retail store.

