



# Pet Food Bank Service Request

Please print neatly and return to Pet Food Bank Coordinator.

Distribution Center: \_\_\_\_\_

Your Name: Mr./Mrs./Ms./Miss \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Birth date(s) (month/date/year): \_\_\_\_\_

Income ( ) Household of one: \$1,541/mo.; \$18,500/yr. or less  
 ( ) Household of two: \$1,762/mo.; \$21,150/yr. or less

My pet(s) has/have been spayed or neutered. ( ) Yes ( ) No

**Note: Dry pet food will be provided each month for up to three spayed/neutered cats or dogs per household. Canned food will be provided when available and if requested. Special dietary needs will be met if food is available.**

Pet (circle one)	Age	Weight	Please indicate if you would like canned food <u>when it's available.</u>
Cat Dog	_____	_____	_____
Cat Dog	_____	_____	_____
Cat Dog	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_