



**Lewisburg Animal Shelter Volunteers
Pet Food Pantry
PET FOOD ASSISTANCE APPLICATION**

We must see your drivers license in order to approve your application. You must agree not to sell or re-distribute pet food obtained from the PFP. Food will only be given out on a quarterly basis to a household, once a quarter, for up to 4 times a year. Only ONE member of a household may apply for food from the pantry. Multiple requests from other members of the household will be denied.

Print Name _____

Number of people in Household _____

Address, City, State, Zip

Do you Own _____ Rent _____

Landlords name and address:

Your Phone #(s) _____

E-mail Address _____

Classifications (check all that apply):

Unemployed Senior Citizen Disabled

Veteran Low-Income Level

PET INFORMATION

I have #_____dogs #_____cats

Pets name(s) and age(s) are: (please specify breed)

Veterinarian's Name:_____

Veterinarian's Phone No.:_____

Are all of your pets spayed/neutered? YES NO

Are all of your pets current on their rabies? YES NO

We have vouchers for free spay/neuter and rabies vaccines through a grant.

Would you be interested in this no cost to you service? YES NO

By signing this application, I am stating that the above information is correct and complete and I agree to the application terms. I understand this program relies on donated food from the community. I understand that the food I am receiving is donated and may have been opened or damaged in shipping and will check for such damage and expiration dates before feeding my pet(s). I further agree to feed my pet(s) in accordance with the food manufacturer guidance and instructions and within the manufacturer's suggestion as to timing and amounts. I will not hold the Lewisburg Animal Shelter Volunteers responsible for any health issues, injuries, allergies or similar problems that may result from pet food or items provided by the Pet Food Pantry. By signing this agreement you grant permission and consent for the Pet Food Pantry to check eligibility for the Pet Food Program with the information provided above and represent that you are authorized to sign this consent.

By signing, I agree to all of the above requirements.

The Pet Food Pantry is not responsible for any adverse reaction to food obtained from the pantry or illness of your pet. The Pet Food

Pantry reserves the right to discontinue service at any time.

I have read and accepted the LASV Pet Food Pantry terms of service and guidelines.

Applicant's Signature

Reviewed & Accepted By LASV Pet Food Pantry

Volunteer Signature		Date	
Date Requested	Date Picked up	Person Picking up Food	What Food was received
1st Quarter			
2nd Quarter			
3rd Quarter			
4th Quarter			