



Pet Food Pantry Program Application

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

E-mail Address: _____

Number of Dogs: _____

Weight(s): _____

Number of Cats: _____ Indoor Outdoor

Are all pets sterilized? Yes No If no, please explain: _____

Are pets current on vaccinations? Yes No If no, please explain: _____

To qualify for the Pet Food Assistance Program, please indicate below:

- State or Federal Cash Assistance
- SNAP Benefits
- Medicaid
- Social Security or SSI
- Unemployment
- Low income – less than \$20,000 per year or \$25,000 if dependents

Signed: _____ Date: _____

By signing this application, I am stating that the above information is correct and complete. I understand this program relies on donated food from the community, and will not hold BVSPCA, its volunteers, or employees responsible for any health issues, injuries, allergies, or similar problems that may result from pet food or items provided by BVSPCA.

PLEASE RETURN ALL COMPLETED APPLICATIONS TO INFO@BVSPCA.ORG