

Douglas County Humane Society  
Application for Pet Pantry Assistance

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Alternate number: (\_\_\_\_) \_\_\_\_\_

Street address (no PO boxes):  
\_\_\_\_\_  
\_\_\_\_\_

Authorized person(s) to pick up food:  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why you are requesting assistance: \_\_\_\_\_

How long do you think you will need assistance?  
\_\_\_\_\_

Are you interested in volunteering to help others in need? \_\_\_\_\_

Would you be interested in information about low-cost spay/neuter programs? \_\_\_\_\_

Are you able to make a small donation each month to the humane society? \_\_\_\_\_

Name of pet	Age	Breed	Weight	Spayed or Neutered	Date of Rabies Vax

Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Do any of your pets have allergies and/or on a special diet? \_\_\_\_\_

**If so, please provide a letter from your veterinarian explaining why with a list of the ingredients your pet can not have.**

Is your pet:

Spayed or Neutered? \_\_\_\_\_ Current on Rabies Vaccine? \_\_\_\_\_ Overweight? \_\_\_\_\_ Underweight? \_\_\_\_\_

This information will help us determine the right amount of food to provide for your pets. The volunteers at Pet Pantry will do their best to determine the right amount of food to provide for your pet for ONE month. **Please plan on picking up food no more than once a month.**

By signing this application, you are stating that the information provided is truthful and you understand that any falsehoods will be considered fraud.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**Pet Pantry Volunteers Only**

**Type of ID presented**

Driver's license \_\_\_\_\_  
Government issued ID \_\_\_\_\_  
Green Card \_\_\_\_\_

**Proof of need presented**

Unemployment \_\_\_\_\_  
Disability \_\_\_\_\_  
SS \_\_\_\_\_  
EBT Card \_\_\_\_\_  
Other \_\_\_\_\_

Explain \_\_\_\_\_

**Proof of Residency**

Utility Bill \_\_\_\_\_  
Mortgage Statement \_\_\_\_\_  
Rental Agreement \_\_\_\_\_  
Other \_\_\_\_\_

**Application Approved?**

If not, why? \_\_\_\_\_  
Number of pets determined to receive assistance \_\_\_\_\_  
Amount of food needed for one month \_\_\_\_\_

**For pets on special diets**

Note from the veterinary received and copied for your records? Yes No  
List of ingredients pet cannot have: \_\_\_\_\_  
\_\_\_\_\_

**Date application expires** \_\_\_\_\_

**Volunteer signature** \_\_\_\_\_

**Notes** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION VERIFIED/UPDATED BY PET PANTRY

Date \_\_\_\_\_ Verified by \_\_\_\_\_

Notes \_\_\_\_\_

Date \_\_\_\_\_ Verified by \_\_\_\_\_

Notes \_\_\_\_\_

Date \_\_\_\_\_ Verified by \_\_\_\_\_

Notes \_\_\_\_\_

Date \_\_\_\_\_ Verified by \_\_\_\_\_

Notes \_\_\_\_\_

Date \_\_\_\_\_ Verified by \_\_\_\_\_

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Date \_\_\_\_\_ Verified by \_\_\_\_\_

Notes \_\_\_\_\_

Date \_\_\_\_\_ Verified by \_\_\_\_\_

Notes \_\_\_\_\_