

Jefferson County Pet Food Pantry Application



Name _____ Date of Registration _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Drivers License/State ID # _____

Veterinarian Name and Phone _____

<u>Name of Pet/Breed</u>	<u>Sex</u> (circle one)	<u>Dog/Cat</u> (circle one)	<u>Age/Weight</u>	<u>Fixed</u> (circle one)
_____/_____	M/F	Dog/Cat	____/____	Yes/No
_____/_____	M/F	Dog/Cat	____/____	Yes/No
_____/_____	M/F	Dog/Cat	____/____	Yes/No
_____/_____	M/F	Dog/Cat	____/____	Yes/No
_____/_____	M/F	Dog/Cat	____/____	Yes/No
_____/_____	M/F	Dog/Cat	____/____	Yes/No
_____/_____	M/F	Dog/Cat	____/____	Yes/No

Is your pet on a special diet? If so, what kind? _____

By signing, I am stating that the above information is correct and I agree to the application terms and conditions set forth by Jefferson County Pet Food Pantry. I understand this program relies on donated food from the community. I will show proof my pets are spayed or neutered if not, I agree to have my pets spayed or neutered in order to be able to continue the program. I agree that my pets are for personal use and not breeding or any illegal activities.

Signature: _____ Date: _____

Staff signature: _____ Date: _____