



ANI-MEALS PET FOOD PANTRY PROGRAM

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Do you receive assistance from any government programs? Yes No

If yes, please check which program(s) you are currently receiving:

Food Stamps	<input type="checkbox"/>	Family Temporary Assistance	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	Other	<input type="checkbox"/>
Please Specify Other: _____			

Are you affiliated with or receive assistance from any other rescue group? Yes No Name of group: _____

Are you able to pick-up the food from the HSFC offices? Yes No

If you answered no, do you have a friend or family member who can pick-up the food? Yes No

Name and relation of individual authorized to pick-up the food on your behalf: _____

Pet Information:								
	Name	Age	Breed / Type of Pet	Weight	Amount of Food per Feeding (Cans / Cups)	Spayed / Neutered? (Y/N)	Up to date on shots? (Y/N)	Vet's Name
Dogs:								
Cats:								
Other:								

Are you in need of cat litter? Yes No

Type of food needed: (Please check all that apply)

Adult dog - dry	<input type="checkbox"/>	Puppy - dry	<input type="checkbox"/>	Adult cat - dry	<input type="checkbox"/>	Kitten - dry	<input type="checkbox"/>
Adult dog - canned	<input type="checkbox"/>	Puppy - canned	<input type="checkbox"/>	Adult cat - canned	<input type="checkbox"/>	Kitten - canned	<input type="checkbox"/>

Other type of food or supplies needed: _____

Does your pet have allergies or require special foods? Yes No

If yes, please explain: _____

How did you hear about the Ani-Meals program? _____

I understand that I accept this pet food from the Humane Society of Fairfax County, Inc. (HSFC) at my own risk. While every foreseeable precaution has been taken by the HSFC to insure my safety and that of my pet(s), I will not hold the agents or employees of the HSFC responsible for any adverse effects that might occur from this food or these supplies that I have received. I also understand that the HSFC has the right to terminate assistance in the event that statements made above are found to be false.

I have read and understand all of the above conditions and by my signature on the line below, I agree to abide by all conditions declared on this release statement.

Signature: _____ Printed name: _____ Date: _____

HSFC Official: _____

