

Pet Food Assistance Application

LAST NAME: _____

FieldHaven Feline Center

Exp Date: _____

DL#: _____

Name: _____ Date of Application: _____

Number of People in household: _____ Primary Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

of Dogs _____ # S/N: _____ # of Cats: _____ # S/N: _____

Do you need Spay and Neuter assistance? _____

Feral Cat Colony Caregiver: _____ # of Cats in Colony: _____ #S/N: _____

Location of Colony: _____

Please Check any financial aid programs in which you are currently a participant:

WIC: _____ SSD or SSI: _____ Medicaid or Medicare: _____ Unemployment: _____

Workers Comp: _____ OR Other financial need (explain below):

I and other members of my household agree to release, discharge, indemnify, and hold harmless FieldHaven and its staff, volunteers, and benefactors in the event that the recipient's pet(s) become(s) ill or develops any other health issue.

By signing below, I am certifying that the above information is accurate and complete. I understand the program is intended as temporary assistance to individuals who are unable to purchase food for their pets. The recipients' application will be evaluated every three months for recertification.

Applicant's Signature: _____ Date: _____

FieldHaven's Pet Food Pantry is located at The Marketplace 454 F Street Lincoln, Ca 95648. Pet Food Pickup Hours: Saturday 10 am – 12pm. Please call 916-434-6022 with any questions.

Office Use Only:

Staff Member: _____ Date: _____

Food Allocation: Cat: _____ #'s Per Month: _____ Dog: _____ #'s Per Month: _____

NOTES: _____
