



Animal Resource Friends Pet Assistance Program

Name: _____

Date of Registration: _____

Address: _____ Qty: _____

Phone Number: _____ Email Address _____

Veterinarian Name and Phone: _____

Name of Breed	M/F	Age	Weight	Spayed/ Neutered	Current Rabies	Food Brand Wet/Dry	Indoor/ Outdoor	Chained/Fenced/ Runs Free

Use a second form if more space is needed

If any of your pets are NOT current on Vaccines, please list their names here: _____

I would like assistance with spay/neuter Yes No

I would like assistance with shelter for my outdoor pet(or crate for bringing pet indoors) Yes No

I would like assistance with a fence/enclosure for my outdoor pet Yes No

Qualifying Document (check one) EBT Card Medicaid Card Other: _____

By signing, I am stating that the above information is correct and I agree to the application terms. I understand the program is intended to be a supplemental food source and not the sole source of food for my pets. I understand the program relies on donated food from the community. I agree to have my pets spayed or neutered within the three months in order to continue the program.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____