

Food 4 Paws – Food Assistance Application

Mail application to: 314 Meadows Ave. East Peoria, IL 61611 or bring on your first visit

Name: _____ Date: _____

Address: _____

City: _____ State: IL Zip _____

Phone number: _____

Veterinarian's Name: _____

Basic requirements to receive pet food assistance:

1. Maximum of 2 dogs and 2 cats per household.
2. Proof of current rabies vaccination from your veterinarian.
3. All pets must be spayed or neutered - written documentation from your veterinarian is required.
4. Must show proof of financial need.
5. You will receive a **two week** supply of food for **6 months**. If need is still present, you must reapply.
6. Must agree not to get any more pets while receiving assistance.
7. The food is **not** to be used to feed stray dogs or cats.

<u>Name of Pet</u>		<u>Age</u>	<u>Rabies vaccinated</u>	<u>Spayed/Neutered</u>
_____	Cat / Dog	Male / Female	_____ Yes / No	Yes / No
_____	Cat / Dog	Male / Female	_____ Yes / No	Yes / No
_____	Cat / Dog	Male / Female	_____ Yes / No	Yes / No
_____	Cat / Dog	Male / Female	_____ Yes / No	Yes / No

How did you hear about the Food 4 Paws Program? _____

Reason for needing assistance (e.g. low-income, unemployment, illness/medical expenses, disability, on other assistance programs) _____.

Name of person who may pick up food for you (if unable) _____.

By signing, I am stating that the above information is correct and I agree to the application terms. I understand that Food 4 Paws relies on donated food from the community therefore we **cannot guarantee** that food is always available. I also agree to maintain healthy living conditions for all pets, not to have any pet outside, on a rope or chain, 24 hours a day, 7 days a week.

Signature: _____

For use by Food 4 Paws Only

Staff Signature: _____ Date: _____

Rabies Certificate: _____ Proof of Spay or neuter: _____

Proof of financial need: _____