



Kibble Supply Registration Form

Please fill out all information to the best of your ability. The information collected on this form will help us determine your needs and the needs of our community. You will only be able to receive assistance for cats and dogs initially registered on this form.

Your Information:

Name: _____

Phone Number: _____

Address:

Street Number & Name, City, State, Zip Code

E-mail Address: _____

Although you are required to fill out the initial registration form, you may authorize family members or friends to pick up food for you in the future. Please list anyone who is authorized to pick up food for you. Please note that they will be required to show their ID when getting food for your pets.

Name(s): _____

You can only receive assistance for 3 months without proof of need. To receive yearlong assistance, you will need to submit proof of income or proof of government assistance program to be approved.

Why do you need assistance? Please check one reason only:

Unexpected expense; not on government assistance program _____

Need help between paychecks; not on government assistance program _____

Temporarily out of work; not on government assistance program _____

Low income; not on government assistance program _____

On government assistance program(s) (please list): _____

How did you hear about us? (Please circle all that apply):

Friend Neighbor Advertisement Vet Clinic Spay / Neuter Clinic FCCRSNC website

Other: _____

Pet Care Information:

Have you used our kibble supply program in the past? Yes No

Do you know that we offer low-cost spay/neuter & vaccination services for pets? Yes No

Have you used our clinic in the past to spay/neuter or vaccinate your pets? Yes No

Do your pets have a regular veterinarian where they receive veterinary care? Yes No

Dog & Cat Information:

You will only be able to receive assistance for cats and dogs initially registered on this form. If more pets come to you in an **emergency situation**, please talk to the staff. All food is provided by donations and we cannot guarantee the amount of food every distribution or the variety of food we receive. We understand that some pets need special diets or have restrictions and we will accommodate only when we are able to.

Cat Information:

House cats:

How many cats (not ferals) are you feeding that are already spayed or neutered? _____

How many cats (not ferals) are you feeding that are intact (not spayed or neutered yet)? _____

Are you feeding your cats (please circle one): dry food wet food both

Are there special diets or dietary restrictions (we cannot always accommodate special diets but will attempt to do so when we are able) _____

Are there any types of food your cat will NOT eat? _____

Feral Cats:

Are you feeding feral cats? If so, how many _____

Are they all spayed/neutered and/or ear tipped? _____

Are any of the cats that you are feeding tame cats that you would like to rehome? Yes No

Are you needing food for (please circle): only the feral cats feral cats & personal pets

Dog Information:

How many dogs are you feeding that are already spayed or neutered? _____

How many dogs are you feeding that are intact (not spayed or neutered)? _____

How many dogs are you feeding of the following sizes:

Up to 10 pounds (ex. Chihuahua, Yorkshire Terrier, Toy Poodle) _____

10-25 pounds (ex. Miniature Poodle, Scottish Terrier) _____

25-50 pounds (ex. Cocker Spaniel, Beagle, Springer Spaniel) _____

50-75 pounds (ex. Collie, Boxer, Labrador, Retriever, Pit Bull) _____

over 75 pounds (ex. Great Dane, Malamute, St. Bernard) _____

Are you feeding your dogs (please circle one): dry food wet food both

Are there special diets or dietary restrictions? (We cannot always accommodate special diets but will attempt to do so when we are able) _____

Are there any types of food your dogs will NOT eat? _____

Scheduling Dates to Pick up Food

*If you require more than 150 pounds of food at distribution (cat, dog, or both)- you need to contact the Kibble Supply Coordinator to set up a date each month to receive more food. Coordinating one distribution day a month will help provide enough food is provided each month for everyone.

Please check this box if you will need more than 150 lbs of food per month _____

Best way to contact (please circle one): email phone

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Office Use Only:

Date Application Received: _____ Approved by (staff initials): _____

Provided Proof of spay/neuter: Yes: ____ No: ____

Monthly amount of food given: Cat: _____ Dog: _____

Notes:
