

Physical Address: I 120 Piedmont Dr. Lexington, NC 27295 Telephone: (336) 237-0131 Mailing Address:
P.O. Box 1791
Lexington, NC 27293-1791
www.humanesocietyofdavidsoncounty.org

PET FOOD PANTRY APPLICATION FORM

Requirements and Eligibility to Receive Pet Food Donations:

- 1. Proof of unemployment, income status, or disability and some form of ID must be provided.
- 2. Applicant must be at least 18 years old.
- 3. All pets must be spay/neutered. HSDC can provide assistance with spay/neuter services.
- 4. Recipients agree not to resell, redistribute or attempt to return to a store, any food or care items received from the Pantry.
- 5. Home visits by a member of the Humane Society will be allowed for the purpose of assessing and verifying the number of pets being fed.

SHOULD YOU VIOLATE ANY OF THE ABOVE REQUIREMENTS, HSDC WILL TERMINATE ASSISTANCE IMMEDIATELY WITHOUT NOTICE.

Date:		_					
Name:							
Address:							
Employment:	Full time	Part-timeRe	tired	_Unemployed			
Em	ployed by:		4-		-		
Len	Length of Employment Monthly Income:						
Public Assistance (C	Check all that apply a	nd provide documenta	tion)				
Medicaid		Health Choice		Foster Care / Adoption Asst.			
Food and Nutrition Services		Work First		Special Assistance			
Your Veterinarian:_							
Where do your anim	nals live?						
I have read and und	erstand the requirem	ents for eligibility abov	ve and have a	nswered all questions truthfull	у.		
Signature of Applica	nnt	Date	Signatu	ire of HSDC Rep.	Date		

Humane Society reserves the right to make changes in this program.

Breed	Name	Sex	Age	Spay/Neuter	Current w vacs
					,
Program is provincing and place and is consistent with a good Affiliar phromatic party also is associated but					

List all pets you own that are in need of food assistance