



The SPCA of Anne Arundel County's Pet Food Bank Program

Applicant's Name: _____ Email Address: _____

Home Address: _____ Phone Number: _____

_____ Date of Birth: _____

2nd Adult in Household: _____ Phone Number: _____

Dependents Living in Household

Name: _____ Age: _____

1. _____

2. _____

3. _____

Gross Annual Household Income

	Head of Household	2nd Adult in Household
Employment	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Government Assistance	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Student Loan	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____

Rent/Mortgage Cost \$ _____

Pet Information

Name	Species/Breed	Age	Weight	Sex	Altered?	Special Food Needs*

**Examples of special food needs: diabetes, obesity, food allergies, etc.*

I, _____ state that all information given on this application is true, and understand that any false information may disqualify me from receiving services through the SPCA of Anne Arundel County. Additionally, I understand all food assistance are on a temporary basis and are reliant upon donations, so food may be limited and/or unavailable. Pet Food assistance will last up to one (1) year from date of approval. I hereby release both the SPCA of Anne Arundel County and its affiliates from any and all liability arising from the condition of the food. I agree to all stipulations required by the SPCA of Anne Arundel County to receive pet food assistance.

Signature

Date