

FRIENDS OF STRAYS FOOD BANK APPLICATION

The program is run by volunteers and relies solely on community donations. We cannot give you a specific type of cat or dog food. We do not distribute cat litter to the public.

Please PRINT and complete ALL sections on the application.

You MUST have a VALID government issued photo ID from the State of Florida.

You MUST have proof of income from one of the sources on the other side of this page.

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone Home Phone

E-mail _____ Date of Birth ____/____/____

What is the best way to contact you? Cell Phone Email Other _____

How did you hear about the Friends of Strays Pet Pantry? _____

Do you have DOGS? If yes, please answer the questions below. If no, please skip this section.

How many dogs are in your home? _____

What is the breed and age of each dog?

Breed _____ Age _____ Sterilized? Yes No Proof Yes No

Breed _____ Age _____ Sterilized? Yes No Proof Yes No

Breed _____ Age _____ Sterilized? Yes No Proof Yes No

Breed _____ Age _____ Sterilized? Yes No Proof Yes No

If your dogs are NOT sterilized, have you or do you have plans to breed your dog? Yes No

Do you need assistance with spay/neuter? Yes No

Do you need assistance with vaccines? Yes No

Do you have CATS? If yes, please answer the questions below. If no, please skip this section.

How many cats are in your home? _____

What is the breed and age of each cat?

Breed _____ Age _____ Sterilized? Yes No Proof Yes No

Breed _____ Age _____ Sterilized? Yes No Proof Yes No

Breed _____ Age _____ Sterilized? Yes No Proof Yes No

Breed _____ Age _____ Sterilized? Yes No Proof Yes No

If all of your cats are NOT sterilized, have you or do you have plans to breed your cat? Yes No

Do you need assistance with spay/neuter? Yes No

Do you need assistance with vaccines? Yes No

If you are feeding community cats please complete the section below. The location information is confidential and will not be shared with any other organizations.

What is the location/address where the cats are located?

Address _____ City _____ Zip _____

How many cats in the colony? _____ How many have been spayed or neutered? _____

Do you need help trapping? Yes No

Do you need help with spay/neuter/vaccines? Yes No

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To qualify, you must fall under one of the following categories:

Food Stamps	Medicaid	SSI	HUD Program
TANF (AFDC)	Head Start	Work Study	Medicare
HUD Program	Medicare	Pay Stub (verify income meets below)	

Or fall under one of the following income guidelines:

# of Humans Living in the House	Gross Household Annual Income	OR	Gross Household Monthly Income
1	Less than \$25,525	OR	Less than \$2,127
2	Less than \$34,225	OR	Less than \$2,852
3	Less than \$42,925	OR	Less than \$3,577
4	Less than \$51,625	OR	Less than \$4,302
5	Less than \$60,325	OR	Less than \$5,027

By signing this application you agree to the following:

To spay/neuter every dog or cat that is your companion animal.

To spay/neuter ALL colony cats that you feed.

Provide daily food and water for your companion animal and provide healthy living conditions.

Signature

Date

Print First and Last Name

Comments:

FOR STAFF USE ONLY:

Income Verification by (Please Print Your Name): _____

Total Household Income or Proof of Income: _____

of People in the Household: _____ Number Animals: ___ Dogs ___ Cats ___ Colony Cats

Recipient Advised that they must bring ID Proof of Income Proof of Spay/Neuter

Recipient Requested Assistance with Vaccines Spay/Neuter General Wellness