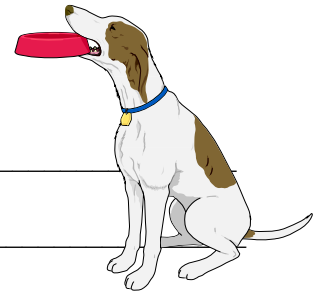


Application to Receive Pet Food



Name: _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Day phone: _____ Evening phone: _____

Information About Your Need for Assistance

Please check the form(s) of assistance you receive:

Please send us a photocopy or canceled stub as proof of your receiving aid.

AFDC

Unemployed

Food Stamps

Living entirely on Social Security

OAA - Old Age Assistance

Other (Please explain)

ANB - Aid to Needy Blind

APTD - Aid to The Permanently and Totally Disabled

Direct relief from your city or town

Information on Pets: Fill in or circle response.

Pet Name: _____ **Dog or cat?** _____ **Breed:** _____ **M or F**

Spayed? Yes No **Age:** _____ **Weight:** _____

Pet Name: _____ **Dog or cat?** _____ **Breed:** _____ **M or F**

Spayed? Yes No **Age:** _____ **Weight:** _____

Pet Name: _____ **Dog or cat?** _____ **Breed:** _____ **M or F**

Spayed? Yes No **Age:** _____ **Weight:** _____

Types of food requested: Check those desired.

Canned cat food

Canned dog food

Soft-moist cat food

Soft moist dog food

Dry cat food

Dry dog food

Preferred brands: _____

Preferred brands: _____

Information on obtaining food:

Can you pick up or have your food picked up at UNH? _____

Do you require that your pet food be delivered? _____

Thank you for filling out this form. If your application is approved, you will be contacted about pick up and/or delivery times.

Please return to:

ELDERPET
Barton/Cole Hall, UNH
291 Mast Rd.
Durham, NH 03824