



Date: _____

VETERANS PET FOOD BANK APPLICATION

Name: _____ Service: _____ DD214: _____

Address: _____

City, State, and Zip: _____

Phone: _____ E-mail: _____ (Check if okay to contact via email)

What County do you live in? _____

Staff Use Only
ID Presented: DL _____ Military ID _____ Dependents ID _____
Reviewed by: _____ (Staff Initial)

How did you hear about the FIDO Pet Food Bank's Veterans Program?

Pet Dog Information

Name	Age	Weight	Spray/Neutered Yes/No	Heath Issues/Special Request
			Yes/No	
			Yes/No	
			Yes/No	

Pet Cat Information

Name	Age	Weight	Spray/Neutered Yes/No	Heath Issues/Special Request
			Yes/No	
			Yes/No	
			Yes/No	

I will not hold FIDO responsible for any issues resulting from feeding my dog/cat the food received from the FIDO Pet Food Bank.

Signature: _____

Received _____ dog food bucket(s)
Signature _____ Date _____