



# Pet Pantry Request Form

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Household Information

How many dogs or cats do you have? Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_

Number of people in your home? Adults: \_\_\_\_\_ Children: \_\_\_\_\_

## Pet Information

*Additional space on back*

Pet			Name: _____	Breed: _____	Age: _____	Weight: _____
1	Dog	Cat				
2	Dog	Cat				
3	Dog	Cat				

## Needs

Reason for request:

Any special dietary needs:

Please initial below:

\_\_\_\_\_ I recognize that in receiving assistance in the form of donated pet food there exists risk of injury or sickness, including personal injury or harm to me, my pet(s) and others. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless Friends of the Cuyahoga County Animal Shelter, and its agents from any and all claims, causes of actions of demands, of any nature or cause connected with my receipt of assistance in any form from Friends of the Cuyahoga County Animal Shelter.

\_\_\_\_\_ I understand that 1) Friends of the Cuyahoga County Animal Shelter has a limited amount of food available for animals in need; 2) the amount of food provided will be determined on a case by case basis, depending on availability and need; 3) food will be disbursed by delivery only, and a representative will establish a date and time to drop off food allocated to me; 4) based on demand, I will only receive a limited amount of food each month, and FCCAS cannot guarantee how much or how often it can provide food to me for the animals in my care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



# Pet Pantry Request Form

## Pet Information

Pet		Cat Name:	Breed:	Age:	Weight:
4	Dog	_____	_____	_____	_____
5	Dog	_____	_____	_____	_____
6	Dog	_____	_____	_____	_____
7	Dog	_____	_____	_____	_____
8	Dog	_____	_____	_____	_____

## Additional Information

Received by: \_\_\_\_\_ Date: \_\_\_\_\_