



PET FOOD ASSISTANCE REGISTRATION			
APPLICANT INFORMATION			
Name:			
Date of birth:	Email:	Phone:	
Current address:			
City:	State:	ZIP Code:	
PET INFORMATION			
Name:		Age:	
Species (please select) Dog Cat	Gender:	Weight:	
Spayed/ Neutered?	Up-to-Date on Shots/Vet Visits?	Breed:	
When and how was your pet acquired?			
2 ND PET INFORMATION (IF ANY)			
Name:		Age:	
Species (please select) Dog Cat	Gender:	Weight:	
Spayed/ Neutered?	Up-to-Date on Shots/Vet Visits?	Breed:	
When and how was your pet acquired?			
3 RD PET INFORMATION (IF ANY)			
Name:		Age:	
Species (please select) Dog Cat	Gender:	Weight:	
Spayed/ Neutered?	Up-to-Date on Shots/Vet Visits?	Breed:	
When and how was your pet acquired?			
TYPE OF GOVERNMENT ASSISTANCE (PLEASE SELECT ONE – PROOF REQUIRED)			
Food Assistance Program	Medicaid	WIC (Women, Infants & Children)	SSA (Social Security Benefits)
SSI (Supplemental Security Income)	TANF (Temporary Assistance for Needy Families)		Unemployment
VETERINARIAN INFO			
Veterinarian name:		Veterinarian phone:	
SIGNATURE			
I certify that the information given by me in this application is true and complete. The Humane Society of Macomb reserves the right to refuse any application it considers unsatisfactory. By signing this application, you agree to the above contract, and confirm that all information provided is the truth to the best of your knowledge.			
Signature of applicant:		Date:	