



# Application to Receive Dog and/or Cat Food Strafford and Seacoast Rockingham Counties Only

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

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

StreetAddress: \_\_\_\_\_

MailingAddress(ifdifferent): \_\_\_\_\_

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

Phone numbers: \_\_\_\_\_

Email: \_\_\_\_\_

### ***Veterinary Information:***

Name of Your Veterinary Hospital: \_\_\_\_\_

Location: \_\_\_\_\_

Phone number: \_\_\_\_\_

Owner(s) name on pet records (if different): \_\_\_\_\_

### ***Delivery Information:***

Do you require your pet food be delivered?  Yes  No

Can you arrange to have your pet food picked up at a designated location to be arranged?  Yes  No

Name of alternate contact person and phone number in case we cannot reach you about delivery/drop off.

Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

### ***Information About Your Income and Federal/State Assistance***

Please check the form(s) of assistance you receive and send us a copy of the award document or check stub as proof of your receiving aid.

- |   |   |
|---|---|
| <input type="checkbox"/> AFDC   | <input type="checkbox"/> Direct relief from your city or town |
| <input type="checkbox"/> Food Stamps (SNAP)                                 | <input type="checkbox"/> Unemployed since _____               |
| <input type="checkbox"/> OAA - Old Age Assistance                           | <input type="checkbox"/> Living entirely on Social Security   |
| <input type="checkbox"/> ANB - Aid to Needy Blind                           | <input type="checkbox"/> Other (Please explain) _____         |
| <input type="checkbox"/> APTD - Aid to The Permanently and Totally Disabled | _____   |
|   | _____   |

**Information About Your Pets and Food Needs** (Fill in or circle response)

Pet Name: \_\_\_\_\_ Dog or cat? \_\_\_\_\_ Breed: \_\_\_\_\_ M or F

Spayed/neutered? Yes No Age: \_\_\_\_\_ Weight: \_\_\_\_\_ How long owned? \_\_\_\_\_

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**Types of food preferred:** Check those desired.

**Cats**

Canned cat food

Dry cat food

Preferred brands: \_\_\_\_\_

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**Dogs**

Canned dog food

Dry dog food

Preferred brands: \_\_\_\_\_

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**Please return application and proof of assistance (copy of award document or stub) to:**

**ElderPet  
PO Box 624  
Durham, NH 03824**

**Questions?** elderpet@gmail.com; Jeri Zezula, Service Coordinator 603-767-6856