



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

Date: _____

Name: _____

Street Address: _____

Mailing Address (if different) : _____

City: _____ State: _____ Zip: _____

Phone numbers: _____

Email: _____

Veterinary Information:

Name of Your Veterinary Hospital: _____

Location: _____

Phone number: _____

Owner(s) name on pet records (if different from yours): _____

Delivery Information:

Do you require your pet food be delivered? Yes No

Would you liked to be called before deliveries are made? (Please circle) Yes No

Is it OK to leave the food if you are not home? Yes No If Yes, where should it be left?

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? _____

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

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

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

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

Types of food preferred: Check those desired.

Cats

Canned cat food

Dry cat food

Preferred brands: _____

Dogs

Canned dog food

Dry dog food

Preferred brands: _____



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