



P.O. Box 727, LaGrange KY 40031
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Hungry Paws Food Pantry

Application

Date: _____
 Name: *(print)* _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home # _____ Cell: _____ Work _____
 Email address: _____
 Driver's License or Identification Number: _____
 Date of Birth: _____ Age: _____

Other people living in your home (list full name) Relationship)

Other people living in your home (list full name)	Relationship)

Continue on back of page.

NAME OF PET	BREED	SEX	AGE	APPROX. WT. LBS	SPAYED or NEUTERED	SHOTS UP TO DATE	KEPT INSIDE	STRAY FERAL
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES __ NO ____	YES __ NO ____
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES __ NO ____	YES __ NO ____
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES __ NO ____	YES __ NO ____
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES __ NO ____	YES __ NO ____
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES __ NO ____	YES __ NO ____
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES __ NO ____	YES __ NO ____

Hungry Paws Eligibility Guidelines
 Page 2 of 2

NAME OF PET	BREED	SEX	AGE	APPROX. WT. LBS	SPAYED or NEUTERED	SHOTS UP TO DATE	KEPT INSIDE	STRAY FERAL
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
		Male ____ Female ____			YES ____ NO ____	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____

Veterinarian Name and Phone #:

Other information you wish to furnish:

I confirm that to the best of my knowledge, all the information furnished in this application is true and correct, and that I have read and agree to the Eligibility Guidelines (pages 3 & 4).

Applicant's Signature

Date