

# YOUNG-WILLIAMS ANIMAL CENTER

## SECOND SATURDAY FOOD PANTRY APPLICATION

### CLIENT INFORMATION (PLEASE PRINT LEGIBLY)

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_

Driver's License or Identification Number: \_\_\_\_\_

Name of Person Who May Pick Up Food for You: \_\_\_\_\_

Alternative Driver's License or Identification Number: \_\_\_\_\_

### INFORMATION ABOUT YOUR PETS

Name of Pet	Breed	Color	Age	How long owned?
1. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
2. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
3. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
4. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
5. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
6. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
7. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
8. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds

Do you have more pets than are listed above?  Yes  No

Do you have proof that your pets are spayed or neutered?  Yes  No

Do you have a current veterinarian?  Yes  No If yes, name of clinic: \_\_\_\_\_



**CONTINUED ON NEXT PAGE**

<b>YWAC Office:</b> <input type="checkbox"/> New <input type="checkbox"/> Reapply <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Confirmation <input type="checkbox"/> PetPoint <input type="checkbox"/> Client List <input type="checkbox"/> Reapply Date: _____
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# YOUNG-WILLIAMS ANIMAL CENTER

## SECOND SATURDAY FOOD PANTRY APPLICATION

### REQUIREMENTS

To participate in the Second Saturday Pet Food program you must meet **ONE** of these qualifications:

1. Income-qualify (we may ask to see income proof)
2. Be a participant in a state/federal assistance program (see below)
3. Be experiencing a temporary financial hardship

Please complete **ALL THREE** sections below.

#### I. About Your Household

How many adults are in your household? \_\_\_\_\_ How many children and/or dependents? \_\_\_\_\_  
What is your total family income? \_\_\_\_\_

#### II. Assistance Program (check all that apply; proof of participation required)

- |   |  |
|---|--|
| <input type="checkbox"/> Food Stamp Letter                  | <input type="checkbox"/> Medicaid/TennCare             |
| <input type="checkbox"/> SSI (Supplemental Security Income) | <input type="checkbox"/> Unemployment                  |
| <input type="checkbox"/> SSA (Social Security Benefits)     | <input type="checkbox"/> Section 8 Housing (HUD, KCDC) |
| <input type="checkbox"/> WIC (Women, Infants & Children)    | <input type="checkbox"/> None of these                 |

#### III. During the last six months, I have experienced (check all that apply):

- Eviction     Home Foreclosure     Job Loss     Disability     None of these

By signing, I am declaring that the information above is correct. I agree to withdraw from the YWAC Second Saturday Pet Food Pantry when I am able to afford food for my animal(s). I also understand that the YWAC Second Saturday Pet Food Pantry program is intended as a supplemental food source only and is not the **sole** source of food for my pets. Eligibility will be reviewed bi-annually. Spaying and neutering is important to reducing pet overpopulation. I agree to have my pets spayed and neutered as soon as I can. I agree **not** to breed my pets, allow the pets to breed or acquire more pets while I am receiving food from this program. I release the YWAC from any claims, liability or damage relating to food I receive through the YWAC Second Saturday Pet Food Pantry program, and I waive my right to raise any claims against the YWAC relating to the YWAC Second Saturday Pet Food Pantry program or food I receive through that program.

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Signature Pet Owner/Date

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Signature of YWAC Representative/Date