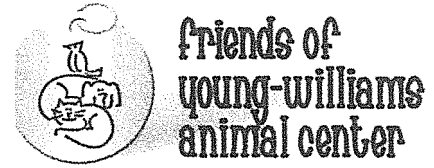




3201 Division Street • Knoxville, TN 37919
Main: 865.215.6S99
www.young-williams.org



6400 Kingston Pike • Knoxville, TN 37919
Adoption Floor: 865.215.6345
Spay/Neuter Clinic: 865.215.6677

ABOUT THE PROGRAM

Young-Williams Animal Center's Pet Food Assistance program is a special way to help pet owners in Knox County temporarily meet the needs of their pets during today's difficult times. Hundreds of families have benefited from this program, but the demand for assistance is on the rise. To continue to help meet the needs of pet owners, we have modified our application process. Below are the details about our program.

Please Note:

This program is not designed to be a pet owner's sole source of pet food but rather to supplement their efforts.

Program Details

- Pet food is only available on the second Saturday of the month. The Pet Pantry is located at 3201 Division Street from 8:00a.m. to 9:30 a.m.
- Only ONE member of a household may apply for and receive pet food.
- Pet food will be provided for no more than three (3) pets.
- Owners must show proof that their pets are spayed or neutered OR be willing to have ALL of their dogs and cats altered on the Animal Center's Spay Shuttle.
- Owners may not add ANY pets to their household while they are receiving food from the pet pantry.
- After the first receipt of pet food, participants must complete at least three (3) hours of community service to receive food again. Consider contacting local churches, food kitchens and other non-profit agencies to volunteer your time. Proof of this service should be provided on the day pet food is requested. Proof of service should be in the form of a letter on official letterhead. Information should include the date(s) of service, tasks performed and contact information for your supervisor. Community service may be waived if the applicant is physically unable to do so.
- Young-Williams Animal Center has a right to deny a pet food request at any time for any reason.

Revised 12/13

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. _____ Dog Cat	Male Female	Spayed Neutered	5-50 pounds	51-100 pounds
2. _____ Dog Cat	Male Female	Spayed Neutered	5-50 pounds	51-100 pounds
3. _____ Dog Cat	Male Female	Spayed Neutered	5-50 pounds	51-100 pounds
4. _____ Dog Cat	Male Female	Spayed Neutered	5-50 pounds	51-100 pounds
5. _____ Dog Cat	Male Female	Spayed Neutered	5-50 pounds	51-100 pounds
6. _____ Dog Cat	Male Female	Spayed Neutered	5-50 pounds	51-100 pounds
7. _____ Dog Cat	Male Female	Spayed Neutered	5-50 pounds	51-100 pounds
8. _____ Dog Cat	Male Female	Spayed Neutered	5-50 pounds	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

YWAC Office: .New. Reapply. Compliant .Non-Compliant .Confirmation .PetPoint .Client List .Reapply Date: _____

