



Town of Apple Valley
Animal Services Food Pantry

Name: _____ E-Mail: _____

Address: _____

Phone: _____ Alternate: _____

Please describe your financial hardship: _____

Total monthly income (from ALL sources): _____

Please include ALL pets in your home:

Pets Name	Male / or Female	Dog / Cat	Breed	Age	Color	Spayed / Neutered	Vaccinated

** If your dog is not spayed / neutered, are you interested in getting them altered? _____

(Additional information may be required to determine eligibility)

Signature: _____ Date: _____

(Animal Services use only)

Priors checked: _____ Approved: _____ Denied: _____ Scheduled p/u time: _____