



Pet Food Bank Application

Hotline ♦ 904.425.0005 Fax ♦ 904.338.0819 Email ♦ info@fcnmdp.org

NAME _____ Date _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

ACTIVE/RETIRED MILITARY OR VETERAN 65 OR OLDER

Pet Food Bank is based on ensuring recipients are income qualified and all pets served are spayed or neutered. You must have proof of ownership for pets, and spay/neuter. If your pet needs surgery, FCNMHP can offer free or greatly reduced medical services.

Which does your family participate (check all that apply):

Food Stamps Medicaid Medikids JaxCare Community Health Sect. 8 Public Housing
 WIC SS

*Note: if you do not participate in any of the programs listed here, you may still qualify based on your income and household size. Please bring proof of program participation, and/or your most recent paystub, income tax return, or other proof of household income.

# In Household	Gross Household Annual Income	Gross Household Monthly Income

Pet's Name	Cat/Dog	Breed of Pet	Weight	Age	Is pet spay or neutered? Yes or No

By signing this application, you are certifying all information provided is true. Any false information will result in disapproval. Your signature confirms you understand and meet all criteria. Your signature confirms you understand and comply with our terms of agreement. We are glad to be able to help. Our food bank provides a supplemental amount of food for your cat/dog. We cannot help with the feeding of feral cats. We can help you with recommended feeding amounts.

I agree to allow FCNMHP to use any photographs taken for use in public relations efforts. I hereby grant the following media release rights and permission to use all photos and videos taken of myself and/or family. FCNMHP has the right and permission to take, use, reuse, publish, and republish photographic portraits of me or any minor, which I am legal guardian. I waive any right to inspect or approve products, advertising copy or printed matter that may be used in connection with such photographs. I agree I will not receive any financial compensation.

SIGNATURE (s) _____

Below for office use only. DATE _____

Processor _____

ID Type and Proof of Income Providing: _____