



Pet Assistance Application

***Please note that Charlotte Sheltered Souls Animal Rescue reserves the right to make changes or additions to the Pet Food Pantry Policies at any time.**

Applicant Information (must be filled out completely)

Driver's License or Government Issued ID Number:

_____ (*Required*)

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone number: _____

Email: _____

Current household income per month from all sources (before taxes):

Please list any assistance programs from which your household gets help:

Household Members OVER the age of 18:

Name	Age	Income

Pet Information for the Pet Food Pantry:

Name of Pet	Dog or Cat	Male/Female	Weight (lbs)	Age	Spayed/Neutered

**** I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. ANY INFORMATION THAT IS FALSIFIED WILL RESULT IN IMMEDIATE DISQUALIFICATION OF THIS APPLICATION AND THEREFORE FUTURE PET FOOD PANTRY APPLICATIONS FROM CHARLOTTE SHELTERED SOULS ANIMAL RESCUE.****

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

Disclaimer: Since we are a small rescue, we run entirely off donations of food/money to pay for bags of food for our Pet Food Bank. At times, we may not have enough donated items to give multiple bags. Please keep this in mind if you have multiple pets.