



Pet Food Bank

APPLICANT INFORMATION

First & Last Name: _____ Date: ____/____/____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Card #: _____
to be filled out by Animal Humane

**If you lose your card, you will be charged \$5 to replace it.
This card is required to obtain food at the Pet Food Bank.**

**There is a \$1 donation per visit to cover our overhead costs.
You may come once per week, on Sunday or Thursday, but not both days.**

PET(S) INFORMATION

of Dogs: _____ # of Cats: _____

Proof of Income: _____ Date: ____/____/____
initials by Animal Humane

Proof of Spay/Neuter: _____ Date: ____/____/____
initials by Animal Humane

HOW DID YOU HEAR ABOUT US? (CHECK ALL THAT APPLY)

- Social Media
- Friends / Family
- Flyers
- Animal Humane New Mexico
- Other: _____