



NCPIN

PET FOOD ASSISTANCE APPLICATION

CLIENT & PET INFORMATION

TODAY'S DATE / /

NCPIN may help to SUPPLEMENT pet food needs by providing a gift card to Incredible Pets.

LAST NAME		FIRST NAME		
ADDRESS		CITY	ZIP CODE	County
EMAIL		TELEPHONE		
Received Pet Food assistance from NCPIN in the past?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EBT Card Recipient?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Yearly Household Income:		
Food Bank Recipient?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IFM Recipient?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name & Phone # of Veterinarian: _____				
to verify Spay/Neuter				

NCPIN would like to know more about our clients and the pets we serve.

Please tell us why you are applying for the Pet Food Assistance Program:

NCPIN PET FOOD ASSISTANCE PROGRAM IS LIMITED TO ONE (1) YEAR.

Pet Food Assistance gift cards are distributed quarterly, four (4) times per year.

NOTE: This program is to SUPPLEMENT pet food needs.

NCPIN POLICY: PETS MUST BE SPAYED/NEUTERED TO QUALIFY FOR ASSISTANCE.

1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF PET		CAT	DOG	WEIGHT	AGE
PET SPAYED/NEUTERED?	YES <input type="checkbox"/> NO <input type="checkbox"/>				
	Female <input type="checkbox"/> Male <input type="checkbox"/>	(OFFICE USE ONLY)			
2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF PET		CAT	DOG	WEIGHT	AGE
PET SPAYED/NEUTERED?	YES <input type="checkbox"/> NO <input type="checkbox"/>				
	Female <input type="checkbox"/> Male <input type="checkbox"/>	(OFFICE USE ONLY)			
3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF PET		CAT	DOG	WEIGHT	AGE
PET SPAYED/NEUTERED?	YES <input type="checkbox"/> NO <input type="checkbox"/>				
	Female <input type="checkbox"/> Male <input type="checkbox"/>	(OFFICE USE ONLY)			
4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF PET		CAT	DOG	WEIGHT	AGE
PET SPAYED/NEUTERED?	YES <input type="checkbox"/> NO <input type="checkbox"/>				
	Female <input type="checkbox"/> Male <input type="checkbox"/>	(OFFICE USE ONLY)			

By signing below, I attest the above statements are true and correct. I acknowledge that the receipt of pet food assistance in the form of an Incredible Pets gift card is for the sole participant. The Card may not be sold or otherwise transferred to another party without the express permission of Nevada County Pets In Need. Non-compliance may result in removal from the Pet Food Program and any future NCPIN programs.

Signature of applicant: _____ Date: _____

Mail completed application to: NCPIN 412 E Main St # 105, Grass Valley, CA 95945 Tel No: 530.270.2065

Deliver to: NCPIN Thrift Shop, 434 Colfax Ave, Grass Valley, CA Store Hours: TUE - SAT 10-4

Via email: info@ncpetsinneed.org