

LICKING COUNTY DOG FOOD PANTRY REQUEST

* Required

1. NAME *

2. ADDRESS *

3. APARTMENT NUMBER

4. CITY & STATE *

5. ZIP *

6. PHONE NUMBER *

7. EMAIL

8. HOW MANY DOGS IN THE HOME? *

9. DESCRIBE YOUR PETS INCLUDING NAME, BREED, COLOR, SEX, AGE AND CURRENT LICKING COUNTY DOG LICENSE NUMBER. *

10. ARE ALL OF YOUR DOGS ALTERED? *

Mark only one oval.

☐ YES

☐ NO

11. SUBMITTED DATE *

Example: January 7, 2019

12. I certify I am at least 18 years of age and legally capable to sign documents and/or contracts. *

PLEASE ENTER YOUR FULL NAME.

13. I understand that Licking County Dog Wardens Office intent is to initially supply food to families in need. At the end of that month, if you still need assistance, please let us know. The program is intended to assist short term. If you are still experiencing financial difficulty you will need to reapply, and Licking County Dog Wardens Office will determine whether or not additional assistance will be provided. *

Please enter your full name

14. I understand that the Food Bank Program is funded 100% by donations so funds are limited. *
- Licking County Dog Wardens Office will select the applicants to receive food based on information provided in this application. False representation of information on this application which results in an approval may leave other families that are more in need being rejected because of lack of funds.

*

Please enter your full name

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