

PET OWNER REGISTRATION FORM

Please fill out both sides.

Pet Owner's Name: _____

Address: _____ City: _____

How did you hear about us? _____

Type, Number and Size of Pet(s)

of Cat(s) _____

of Small Dog(s) ____ # of Medium Dog(s) ____ # of Large Dog(s) ____ # of X Large Dog(s) ____

Please read and check:

____ I agree that my pets are for companionship and not for breeding or illegal activities.

____ I agree to maintain my pets in a healthy condition.

____ I agree not to sell or try to return to a store any product that I receive from the Pet Food Pantry.

The pet food distributed by the Pet Food Pantry of Teller County consists of food that has been donated and food that has been purchased by donated funds. Some of the donated food may be recently expired or have had some damage to the outer packaging. All food is inspected for obvious contaminants prior to distribution, however, no guarantees are made by the Pet Food Pantry, nor are we responsible for the quality of the pet food distributed.

Pet owners may receive a distribution twice a month. THE AMOUNT OF FOOD YOU RECEIVE WILL DEPEND UPON OUR SUPPLIES.

My signature indicates that I have read and understand the above statement, and that I am in financial need of assistance in obtaining pet food.

Pet Owner: _____ Date: _____

Only the people named below may pick up pet food for me on my distribution date:

For Pet Food Pantry Official Use Only - 2017

Jan _____ Feb _____ Mar _____ Apr _____

May _____ June _____ July _____ Aug _____

Sept _____ Oct _____ Nov _____ Dec _____

Food is distributed:

Where: Little Chapel Food Pantry; 69 County Road 5; Divide, CO 80814-9100

When: 2nd & 4th Monday of the Month (Jan – Oct), 1st & 3rd Monday of the Month (Nov – Dec)

Time: 3:30 p.m. to 6:30 p.m.

The Pet Food Pantry for Teller County has income limits for pet owners seeking assistance from the Pantry. You must have proof that your household's income is at or below 200% of the federal poverty guidelines.

Family size (# in Household): _____

Approximate Monthly Income: \$_____

Checked by: _____ Date: _____

2017 Federal Guidelines (200%)

| Family Size | Monthly Income* |
|-------------|-----------------|
| 1 | \$1,980 |
| 2 | \$2,670 |
| 3 | \$3,360 |
| 4 | \$4,050 |
| 5 | \$4,740 |
| 6 | \$5,430 |
| 7 | \$6,122 |
| 8 | \$6,815 |

* 200% of Federal Guidelines