

TAILS Foundation Inc.

Thrift Store & Community Center



Food4TAILS Pet Pantry Registration Form

FULL NAME	
ADDRESS	
CITY, STATE, ZIP	
HOME PHONE	
CELL PHONE	
EMAIL ADDRESS	

PET INFORMATION:

I HAVE THE FOLLOWING PETS (CIRCLE):

of CAT(S): _____ # of DOG(S) _____ Large / Med / Small

• HAMSTER(S) * BIRD(S) * HORSES * OTHER: _____

BASIC REQUIREMENTS TO RECEIVE FOOD:

- Understand that TAILS Foundation is only a "gap" program, to supplement until you are able to purchase your own
- Understand that TAILS does NOT support backyard breeding, and will provide resources for spay and neuter
- Agree to listen to our healthy pet food presentation, including how to supplement with other healthy foods
- Agree to volunteer or give back to TAILS Foundation when able
- Agree to hold the "TAILS Foundation Inc Pet Pantry" free from all liability in the event of any allergies or other possible health issues related to food provided.

By signing, I agree to all of the above requirements.

SIGNATURE: _____ **DATE:** _____

DATE & KITS DISTRIBUTED:
