



HOPE on Wheels Application Form

DATE: _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ KY _____ ZIP CODE _____ AGE: _____

PHONE: _____ EMAIL: _____

ARE YOU A MEALS ON WHEELS CLIENT? _____ (YES / NO)

IF NO, DO YOU RECEIVE GOVERNMENT ASSISTANCE PROGRAMS _____ (YES / NO)

PLEASE CHECK WHICH PROGRAMS YOU ARE CURRENTLY RECEIVING

- FOOD STAMPS
- FAMILY TEMPORARY ASSISTANCE
- MEDICAID
- OTHER PLEASE SPECIFY _____

CAN YOU, OR DO YOU HAVE A FRIEND OR FAMILY MEMBER WHO CAN PICK THE FOOD UP? _____ (YES / NO)

IF YES, WHO CAN PICK UP THE FOOD FOR YOU _____

IS IT OKAY FOR SOMEONE TO COME OVER TO TAKE PICTURES OF YOUR PETS AND USE THE PICTURES IN ADVERTISEMENTS, ETC.? _____ (YES / NO)

PET INFORMATION:

	NAME	AGE	BREED	WEIGHT	SPAYED / NEUTERED (YES / NO)	UP TO DATE ON SHOTS (YES / NO)
DOGS:	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
CATS:	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
OTHER	_____	_____	TYPE OF PET: _____		_____	_____
	_____	_____	_____		_____	_____

TYPE OF FOOD NEEDED: (Please check all that applies)

- ADULT DOG DRY PUPPY DRY ADULT CAT DRY KITTEN DRY
- ADULT DOG CANNED PUPPY CANNED ADULT CAT CANNED KITTEN CANNED

OTHER TYPE OF FOOD NEEDED: _____

DOES ANY OF YOUR PETS HAVE ALLERGIES OR REQUIRE SPECIAL FOODS? _____ (YES / NO) IF YES, PLEASE EXPLAIN:: _____

HOW MUCH DO YOU FEED YOUR DOG PER DAY? _____ HOW MUCH DO YOU FEED YOUR CAT PER DAY? _____ ARE YOU IN NEED OF CAT LITTER? _____ (YES / NO)

HOPE for Pets, Inc.
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