



Blue Mountain Animal Rescue Society, Inc. Application for Pet Food Bank

INFORMATION ABOUT YOU

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
Email: _____ Photo ID#: _____
Number of People in the household: _____ Number of Animals Owned: _____
Sources of Income: _____

Is your request for help (Circle One): **ONE TIME** **ON GOING**
Why do you need help providing food for your animals? _____

Veterinarian Used (please attach previous vet records with application):

Name: _____ Phone: _____

Previous Pets:

Have you had pets in the past 10 years? _____ If yes, what type? _____
Are these pets still with you? _____ If not, why? _____

Current Pets:

Name: _____ Breed: _____ Age: _____
UTD on Shots: _____ License #: _____ Spayed/Neutered: _____
Name: _____ Breed: _____ Age: _____
UTD on Shots: _____ License #: _____ Spayed/Neutered: _____
Name: _____ Breed: _____ Age: _____
UTD on Shots: _____ License #: _____ Spayed/Neutered: _____
Name: _____ Breed: _____ Age: _____
UTD on Shots: _____ License #: _____ Spayed/Neutered: _____
Name: _____ Breed: _____ Age: _____
UTD on Shots: _____ License #: _____ Spayed/Neutered: _____
Name: _____ Breed: _____ Age: _____
UTD on Shots: _____ License #: _____ Spayed/Neutered: _____

Are your pets spayed/neutered? _____ If no, why not? _____

How are your pets housed? (Circle One): **INDOORS** **OUTDOORS** **BOTH**

General Comments:

Approved: _____ Denied: _____

Return completed forms to BMARS c/o Donna Crum 1185 Mauch Chunk Rd Palmerton, PA 18071 or email to bmars.fr@gmail.com.