

**COMPASSION IN ACTION, INC.**  
**1598 State Route 6**  
**Factoryville, PA 18419**  
**(800) 971-2377**

**Food Assistance Application**

Name:

Address:

Phone number:

Number of animals:

Are any of these animals used for breeding purposes?

If so, how many litters do you breed annually?

Are these animals personal pets or strays you're feeding?

Please describe the living conditions for these animals. (exclusively indoor, exclusively outdoor, or indoor/outdoor)

Please list the animals below.

Include species (dog/cat); breed; age; sex (and indicate if spayed/neutered); and if the pet is up to date on vaccinations.

Primary veterinarian:

Primary veterinarian's phone:

May we contact your vet to verify the information you've provided?

Please indicate the amount and type of food you're requesting (cat or dog food and canned or dry).

Please note any food allergies or special needs.

Your annual household income: (Include all forms of income.)

Number of adults living in your home:

Number of children living in your home:

Are you willing and able to submit information to verify your income? (For example, a copy of the prior year's tax return.)

Please include any notes or extenuating circumstances you feel may be pertinent: