



PET PANTRY REGISTRATION

Date of Registration: _____

Name (as it appears on your ID): _____

ID Number _____

Address: _____

City & Zip: _____

Phone Number _____

Email (if applicable): _____

Date of Birth: _____

List anyone who can pick up food or supplies on your behalf

Alternate Contacts: _____

What is your primary mode of transportation to the Pet Pantry?

My Car Ride Share

Bus Bike

Walk Other: _____

I have received a copy of the Pet Pantry Guidelines. I understand that the rules given in the document and agree to abide by them while participating in the Michigan Humane Society's Pet Pantry Program. I understand that I need to let a staff member know if any of my personal information or status of my animal(s) changes at any time.

Participant Signature: _____ Date: _____

MHS Staff Use Only

Staff Initials: _____

Supplies given today: _____

List any follow up actions: _____



PET INFORMATION

If you have more than five cats and dogs (combined), please attach additional sheets.

	Pet #1	Pet #2	Pet #3	Pet #4	Pet #5
Type	DOG or CAT				
Name					
Breed					
Color					
Weight	UNDER or OVER 50 lbs				
Age					
Gender	M/F	M/F	M/F	M/F	M/F
Spayed/Neutered	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Up to date on Vaccines?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Date of last vaccine					
Animal's primary housing	Outdoor/Indoor OR Both				

Please describe any additional pets that are NOT cats or dogs (for additional cats or dogs, attach a second sheet).

Do you currently breed or mate any of your pets or are you interested in breeding in the future?

Besides food and supplies, describe any other animal related needs you may have:
