



# PAW<sub>it</sub> FORWARD food fund

## ENROLLMENT FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\*Pet's name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Pet weight \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you require delivery or pick up? \_\_\_\_\_

*\* Aid is limited to three pets per household*

I affirm that I am a resident of Washington, D.C. and have been economically impacted by COVID-19 or that I am under quarantine for the coronavirus.

I also understand that this program is meant to provide supplemental assistance during the COVID-19 crisis and not long-term aid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date