



# Greater Victoria Animal Pantry Foundation

## Client Form

Return completed forms to:  
Mail: PO Box 52048 Beacon Ave RPO, Sidney, BC V8L 5V9  
Email: [contact@gvap.org](mailto:contact@gvap.org)  
Phone: 778-426-GVAP (4827)

### Personal Details

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

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

### Animal Details

#### **Dogs**

Name	Breed/Size	Age	Dietary Concerns

#### **Cats**

Name	Breed/Size	Age	Dietary Concerns

I certify the above information is true and authorize the Greater Victoria Animal Pantry Foundation to verify my information which may include a home visit. By signing this form I confirm that the animals listed above live at my home and are in need of assistance.

\_\_\_\_\_  
Signature