OMHS Pet Food Bank Inquiry Form

**Organization and Contact Details**

Name of Organization: Click or tap here to enter text.

Address of Organization: Click or tap here to enter text.

Organization email: Click or tap here to enter text.

Organization phone number: Click or tap here to enter text.

Registered Charity  Not for Profit Organization

Name of Contact Person: Click or tap here to enter text.

Contact Person Phone Number: Click or tap here to enter text.

Contact Person Email: Click or tap here to enter text.

**Organization’s Requests (check all that apply)**

Dog Food

Cat Food

Cat Litter

Other supplies wanted: Click or tap here to enter text.

Other services wanted: Click or tap here to enter text.

**Mode of delivery to client (please select one of the following)**

Walk-in/drive-up Food Bank

Delivery service to client home

Prepared meal/snack program

**Frequency of Pet Food delivery to client (please select one of the following)**

Monthly

Weekly

Specialty market/day Click or tap here to enter text.

**Delivery of Supplies to your Organization (please select one of the following)**

Organization’s volunteers will pick up pet food (on scheduled day to be determined)

Organization requires delivery to their address (We request delivery (only on schedule day to be determined)

**Other**

Estimated number of clients that need pet food/supplies: Click or tap here to enter text.

Do you have any questions?

Click or tap here to enter text.

*All donations of food given in good faith are covered by the “*[*Good Samaritan Act*](https://www.ontario.ca/laws/statute/94d19)*“.*