

Pet Owner Name:



**Application for Pet Food Assistance**

**TERMS OF AGREEMENT TO RECEIVE DONATIONS:**

- \* One applicant per household, per month.
- \* PLEASE BE HONEST about your need for assistance.
- \* Due to the increasingly high demand for pet food assistance, we respectfully request that recipients donate back to the food bank **if and when** they are able; however, a donation is NOT required for assistance.
- \* A one to two week supply of food per client/per month can be distributed when donations are available.
- \* We are not a permanent source of pet food. We offer temporary assistance only.
- \* No one in the receiving household has the right to resell food or items provided by the pet food bank. If pet foods are resold, the household and all members are no longer eligible.
- \* Humane treatment of the animal(s) is mandatory. None are to be exclusively quartered outdoors, nor left on a chain 24/7, and provide FRESH water every day.
- \* We highly recommend that all pets be spayed or neutered and information about spay/neuter will be available.
- \* By accepting pet food, the recipient agrees not to hold the pet food bank staff, volunteers, and benefactors legally liable in the unfortunate event the recipient's pet(s) becomes ill due to its food being changed.
- \* The Recipient must agree to maintain safe and healthy living conditions for all pets, and to immediately inform a proper agency if this becomes no longer possible.
- \* The Recipient agrees that pet(s) receiving donations of pet food are for their own personal companionship, and not for breeding or profit.
- \* The Beneficiary of the pet food bank must understand that the quantity and brands of food-as well as distribution-are limited to donations and are subject to change based on availability.

**Consulting with your veterinarian** is the *first step* to accommodating your pet’s nutritional needs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this form, you certify that the information given is true. Any False information will result in denial of this application. Your signature also confirms that you understand and meet ALL of our criteria to qualify for this program, and that you will comply with the terms of agreement.*

**Please Print Clearly:**

Name (First and Last): \_\_\_\_\_

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

Phone Number (with area code): \_\_\_\_\_

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

\_\_\_\_\_  
Reason for pet food assistance:

