

PET FOOD BANK APPLICATION

Name of Applicant: _____

Address: _____

Phone Number: _____- _____- _____

Are you on a fixed income or public assistance? YES or NO

If YES, specify and provide documentation in order to receive extended assistance:

Please explain why you need food assistance at this time:

Current Pets:

- Dogs

- How many dogs? _____

- Size: _____

- Spayed or Neutered? YES or NO

- Where is the pet primarily kept? INDOORS or OUTDOOR

- Cats

- How many cats? _____

- Spayed or Neutered? YES or NO

- Where is the pet primarily kept? INDOORS or OUTDOOR

I, (PRINT NAME) _____ certify that the above information is true to the best of my knowledge. I understand that pet food assistance is **NOT** always guaranteed and that pet food is **NOT** always available. I certify that I will **NOT** give away or sell **ANY** food that I receive from the Humane Society of Richland County. The Humane Society of Richland County is **NOT** responsible for any illness or injury that may result directly or indirectly from the use of donated pet food. I also understand that the pet food assistance I am applying for is good for one calendar year only. The Humane Society of Richland County cannot provide pet food assistance for longer than a period of one calendar year after your application has been approved.

****Please note that the Humane Society of Richland County will not provide assistance to those who choose NOT to spay and or neuter or those who breed. We promote to ALWAYS spay and neuter. ****

Date: _____

SIGNATURE OF APPLICANT: _____

STAFF NOTES:

Photo ID	
Proof of Financial Assistance	
Proof of Spay/Neuter	