



Pet Food Assistance Application

Date: _____

Provided by Metro East Humane Society

Is this application intended for emergent use due to COVID-19? YES or NO

Last Name: _____ First Name: _____

Address (City/State/Zip): _____

Phone: Home: _____ Cell: _____

E-mail: _____

How many pets are in your household? _____ Please list all **pets** below.....

Name	Dog or Cat	Age	<u>Size?</u>				<u>Spayed/Neutered</u>		Date Verified?
			Circle one				Circle one		
			S	M	L	XL	YES		
			S	M	L	XL	NO		
			S	M	L	XL	YES		
			S	M	L	XL	NO		
			S	M	L	XL	YES		
			S	M	L	XL	NO		
			S	M	L	XL	YES		
			S	M	L	XL	NO		

Is your pet on a special diet? If so, what kind? _____

Will you or do you breed your pet for sport or profit? Yes _____ No _____

Have you received assistance from us before: Yes _____ No _____

If so: When? _____

How did you hear about the pantry? _____

To be considered for assistance you **MUST:**

1. Be the pet's owner and bring proof of ownership...example vet or shot record.
2. Be 18 years or older.
3. Have a picture ID with your current address at each visit.
4. Provide proof of need (SS letter, Medicaid card, unemployment letter, referral letter, food stamps card).
5. Provide verification of one of your pets having been spayed/neutered within (1) month of receipt of food. Each subsequent month provide proof of spay/neuter for at least one pet until all pets in the household have been spayed/neutered.
6. Agree to complete a new application if you move or if the number of pets in your household changes.
7. Understand the food provided is donated and may not be your current brand, which may upset your pet's stomach (it is best to mix the donated food gradually to your current food).
8. Agree NOT to hold the RiverBend Pet Food Pantry, its staff, volunteers, and benefactors legally liable in the unfortunate event your pet(s) become ill or the food upsets the pet's stomach.
9. Agree NOT to resell the pet food received from the RiverBend Pet Food Pantry.
10. Agree that you **DO NOT** breed any of your pets for profit or for sport.
11. Understand that the RiverBend Pet Food Pantry will provide food for only three animals. Agree that you will not add animals to your house if receiving assistance. **We will no longer provide assistance if you do.**
12. Understand that the RiverBend Pet Food Pantry has the right to deny your application.

The RiverBend Pet Food Pantry reserves the right to take pictures to use for their marketing materials, web page, and social media sites.

By signing your name below, you understand and agree to all provisions above.

Signature _____ Date: _____

For Pantry's Use Only

Application Processor: _____ Date: _____

Emergent Application

Standard Application

Approved _____

Denied

Pending

Reason for denial or pending status

Proof of need verified: Y or N Type _____

At least 1 pet S/N verified: Y N Information given to client to schedule appointment: Y N

Notes: _____