

Pet Food & Supply Bank Request

NAME: _____ DATE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Our supply bank is all about helping you, the pet owner, keep your furry friend at home no matter what your circumstances. No pet owner should have to choose between stay... or go.

WHICH APPLIES TO YOU OR YOUR FAMILY? (check all that apply):

- | | | | |
|---|-----------------------------------|---|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Community Health Sect 8 | <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired | <input type="checkbox"/> Temporary Cash Assistance |
| <input type="checkbox"/> Women, Infant, Child (WIC) | <input type="checkbox"/> Medicare | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Relative Caregiver Program |

*Note: if you do not participate in any of the programs listed here, you may still qualify based on your income and household size.

HOUSEHOLD INFORMATION

How many pets do you have? Dogs: _____ Cats: _____ Other: _____

Number of people in your home? Adults: _____ Children: _____

Monthly Household Income _____ (enter only if you do not participate in one of the above programs)

| DOG, CAT, OTHER | BREED | AGE |
|-----------------|-------|-----|
| | | |
| | | |
| | | |
| | | |

Reason For Request:

Please initial below:

____ By signing this application, you are certifying all information provided is true. Any false information will result in disapproval. Your signature confirms you understand and meet all criteria. Your signature confirms you understand and comply with our terms of agreement.

____ I recognize that in receiving assistance in the form of donated pet food there exists risk of injury or sickness, including personal injury or harm to me, my pet(s) and others. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless Humane Society of Bay County and its agents from any and all claims, causes of actions of demands, of any nature or cause connected with my receipt of assistance in any form.

SIGNATURE _____

RECEIVED BY _____