



Feeding Fido Pet Food Pantry

Assistance Application

The Humane Society of Central Arizona (HSCAZ) provides pet food for pet owners who are struggling to feed their pets due to financial hardship. Our goal is to help keep pets in their home and out of the shelter by providing assistance to those in need. We do require documentation to insure that our support is going where it is most needed.

In order to receive free pet food you must submit this application, all required documents, and be approved prior to receiving food. Once approved, you will be eligible for a period of one year, providing you adhere to all of our guidelines. This program is designed as a temporary solution and will serve families on a first-come, first-served basis.

APPLICANT INFORMATION

Full Name: _____ Date: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Alternate Contact #: _____

Email: _____ (optional)

Household Size: _____ Adults _____ Children

Are there other members of your household you would like to assign to be able to pick up food if you are not available?

_____ NO

_____ YES (If yes, this person MUST provide HSCAZ with proper identification)

Name(s): _____

Pet owners who qualify must be receiving one of the following forms of assistance. Please indicate what form of assistance and provide the noted documentation.

- ◇ Social Security Benefits-Must submit letter of benefits
- ◇ Disability Benefits-Must submit letter of benefits
- ◇ Medicaid Benefits-Must submit letter of benefits
- ◇ Unemployment Benefits-Must submit current year unemployment notification letter
- ◇ SNAP-Must submit letter of benefits-Must submit letter of benefits (we do not accept the Quest card as proof)
- ◇ WIC-Must submit letter of approval or proof of current WIC checks

OR

Experiencing financial hardship such as:

- ◇ Foreclosure-Must submit foreclosure statement
- ◇ Low Income Status (Approval will be on a case by case basis)-Must submit explanation of current income

PET INFORMATION

NAME	SPECIES	BREED	SEX	AGE	WEIGHT	S/N(altered)
<i>Fido</i>	<i>Dog</i>	<i>Beagle mix</i>	M /F	<i>3</i>	<i>35 lbs.</i>	<i>yes</i>
			M/F			
			M/F			
			M/F			
			M/F			
			M/F			
			M/F			

Would you be interested in free or low cost vaccinations? _____NO _____YES

Would you be interested in free or low cost spay/neuter for your pets? _____NO _____YES

Would you allow us to take a photo of your pet(s) and/or you to be used for advertising purposes? Y/N (If yes, please sign below. By signing below, you agree to relinquish all rights to monetary gain and compensation).

Signature: _____ Date: _____

1. I understand that the goal of the Feeding Fido Pet Food Pantry program is to provide supplemental food to animals whose owners are in financial need, and is not intended to be the sole source of food for my pets.
2. This program is not to be used to feed stray, foster care animals, outdoor community animals, Trap-Neuter-Release (TNR) or feral colonies.
3. Free dog and cat food will only be provided within limit of donations received. I understand that the pet food and supplies received through the Feeding Fido Pet Food Pantry program has been donated by manufacturers and individuals and is not for sale to the public. Therefore, I agree to use these products for my personal pets only and will not re-sell these products to any person(s) or business(es).
4. I understand and agree that HSCAZ makes no warranties as to the pet food and supplies and does not assume any liability and/or guarantee for these pet food supplies in any way.
5. By signing this application you agree to indemnify HSCAZ and its affiliates and hold them harmless from and against any direct, indirect, special, incidental, punitive or consequential damages, including but not limited to the injury to and loss of your pet, which may arise from your decision to accept and use the pet food.

Signature: _____ Date: _____

The information I have provided is true and correct. I also understand that any false information provided will result in permanent termination from this program.

**All information provided is used only to determine your need for pet food and supplies. All information must be completed to get assistance. Incomplete or illegible applications will not be accepted.*

HSCAZ representative: _____ Title: _____

HSCAZ rep Signature: _____ Date: _____