



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. **Starting April 1, 2022, you will need to reapply every July.** This program is designed as a **temporary** solution and will serve families on a first-come, first-served basis.

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

- Social Security Benefits
- Disability Benefits
- Medicaid (AHCCCS) Benefits
- Unemployment Benefits
- SNAP (we do not accept the EBT card as proof)
- WIC

OR

- Experiencing financial hardship such as:
- Foreclosure
- Low Income Status (Approval will be on a case by case basis)-Must submit explanation of current income

APPLICANT INFORMATION

PLEASE PRINT

Full Name: _____ Date: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

List all members of your household

Name	Relationship	Adult/Child
	<i>Self</i>	<i>Adult</i>

Are there other **ADULTS** 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: _____

Name: _____

PET INFORMATION

*Only four animals will be supported by Feeding Fido. New/additional animals in your household will **not** be eligible for support.*

NAME	SPECIES	BREED	SEX	AGE	WEIGHT	S/N (altered)
EXAMPLE- Fido	Dog	Beagle mix	M/F	3 yrs	35 lbs.	yes
			M/F			
			M/F			
			M/F			
			M/F			

If available, would you be interested in free or low cost vaccinations? _____ NO _____ YES

If available, would you be interested in free or low cost spay/neuter for your pet(s)?
_____ NO _____ YES

Would you allow us to take a photo of your pet(s) and/or you to be used for advertising purposes? _____ NO _____ YES (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 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. Animals on a special diet will need a letter from your veterinarian and food will be distributed if it is available.
6. If you are not able to pick up on the days set and need someone else to pick up for you we will need a verbal notice no later than one day before distribution day(s).
7. 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.

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.

Applicant Signature: _____ Date: _____

**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: _____