



# Feeding Fido Pet Food Pantry

*One applicant per household. Applicants must be 18 or older. By signing the application and requirements, you agree to follow the rules outlined below.*

## REQUIRED PAPERWORK/PROOF OF NEED FOR ASSISTANCE

- Photo ID with completed application.
- Utility bill with matching address listed on application.
- Must provide one form of documentation showing need for assistance (acceptable documents listed on second page of application).
- Proof of ownership of all animals in your household (vet bill, microchip, rabies certificate; impound slip, licensing information, etc. Any paper form) **TAGS AND PHOTOS ARE NOT ACCEPTABLE FORMS OF OWNERSHIP**
- Proof of rabies vaccine and licensing is required. If you do not have current proof, please see HSCAZ for assistance.

## FEED FIDO GUIDELINES

- Pets **MUST** be owned by the applicant.
- Pets you are requesting food for **MUST** reside in your home.
- Pet food is for Gila County residents only.
- We will support no more than 4 animals per household.
- Feeding Fido is based solely on donations. You will receive food/brands we have available. Recipients **WILL NOT** be able to specify food/brand. If your animal is on a special diet, a note from your veterinarian is required. The special diet food is **NOT** guaranteed.
- Cat litter, dog and cat treats and wet food will be given out if it is available.
- We provide food for the animals listed on the original application only. **No additional pets may be added after an application is submitted**. We will not provide food for any new pet you receive. Applicants **will not** be able to adopt any animals while enrolled in the Feeding Fido Program.
- Our mission is to keep pets with their families by providing temporary assistance; clients should not add pets they are not able to provide for.
- You are not guaranteed the same amount of food each month. Should inventory levels get low, we will help more people by giving less food.
- Distribution days will be the 2<sup>nd</sup> Thursday of every month, from 3:00-3:30 p.m. at HSCAZ.
- If you miss more than three (3) food pickups you will have to re-apply for assistance.
- You may add up to two (2) adults as alternates, if you are not available, to pick up food on your behalf.
- If you no longer need assistance during your eligibility period, please let us know so we can help another household.
- The Feeding Fido Pet Food Pantry program is meant to ease **TEMPORARY** financial stress. Applicants must re-apply after a certain amount of time, if assistance is still needed.
- If we find evidence of abuse or deception (lying about pets, selling or trading food, etc.) you will immediately *and* permanently be removed from the Program.

**I have read and understand the above:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# 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)
<b>EXAMPLE- Fido</b>	<b>Dog</b>	<b>Beagle mix</b>	<b>M/F</b>	<b>3 yrs</b>	<b>35 lbs.</b>	<b>yes</b>
			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: \_\_\_\_\_