



**Wood County
Humane Society**

**Pet Food Assistance Program:
Free-Roaming Caretaker Application**

Only offered to people with animals that are spayed/neutered or in the process of being spayed/neutered.

Personal Information

Name _____

Address _____

City, State, Zip, County _____

Home Phone _____

Cell Phone _____

E-mail Address _____

You may name ONE alternate person to pick-up pet food on your behalf. This person will also be required to show ID. Please provide your alternate pick-up person's name(s): _____

How did you hear about the Wood County Humane Society Pet Food Assistance Program? _____

Address where colony lives (if different than your address): _____

Pet Information (please fill out for each animal you need food for and use reverse side if necessary)							
Name of Cat	Description: (ie.: black)	Friendly or Feral (wild)	Age	Sex	Spayed/ Neutered (Yes or No)	Rabies Vaccine (Yes or No)	Ear-tipped (Yes or No)

Please explain why you rely on the Wood County Humane Society Pet Food Assistance Program. Your story may be used as a testimonial on our web site or in our newsletter as an example of why there is a need for this program, and to help us get funding and donations to keep the pet food bank running. We will only use your first name, never your last name! **(Use additional pages if necessary)**

All recipients of products from the Wood County Humane Society Pet Food Assistance acknowledge, understand and consent to the following terms of this program:

- Residents of Wood County (Ohio) are eligible for this program and must provide proof of residency.
- All free-roaming cats must be spayed/neutered and you must provide proof (from the veterinarian who altered them). If all of the cats are not fixed, you can borrow easy to use humane traps from the Wood County Humane Society for a deposit that is fully refundable upon return of the trap. Our staff can talk you through the Trap-Neuter-Return (TNR) process and give you helpful information and advice. The Wood County Humane Society offers low cost TNR appointments.
- You must provide data for your colony to help us get an idea of how many free-roaming cats are in our community (see page two of this application).
- Food for the program is donated from various sources, therefore we cannot guarantee that food will be available nor can we guarantee the quality of the food.
- Food is distributed on a first come, first serve basis and is not guaranteed.
- Since food is limited, we ask for a minimum of a **\$5 donation** per visit so we can buy food and help meet the demand of free-roaming cat caretakers. This minimum donation is for 1-5 animals and each additional animal is an additional **\$1**. Minimum donation requests may change if program used frequently.
- The amount of food supplied will be at our discretion based on the weight of the pet(s) and the available supply of food.
- This program is meant to supplement the cats' food supply and may not fulfill the entire dietary needs of the cats.
- You agree to establish a feeding schedule for during the day and to NOT leave food out overnight because it can attract wildlife.
- If the number of cats in the colony decreases, you agree to inform a Wood County Humane Society staff member.
- Failure to abide by the Wood County Humane Society Pet Food Assistance Program terms can result in your participation being revoked.
- The Wood County Humane Society reserves the right to terminate community cat caretakers from this program.
- The Wood County Humane Society reserves the right to change the terms of this program without prior notice to participants.
- Pet Food Assistance can ONLY be picked up during regular business hours:
Tuesday & Wednesday 1:00pm-6:00pm & Thursday - Sunday 1:00pm-4:00pm

I (PRINT NAME) _____ understand that the Wood County Humane Society, its programs and its affiliates cannot guarantee the brand, type, quality or freshness of the food given to me. If any of the community (feral/stray) cats that I am caring for develop a medical condition in whole or in part by the food provided, I agree to release the Wood County Humane Society, this program, and its affiliates from all liability. I also understand that it is my responsibility to pick-up the food from the Wood County Humane Society, and I understand that this program only supplements the cats' food/litter supply and I cannot depend on this program to fulfill the dietary needs of the cats. I understand that the food may have expiration dates within the three previous months. I understand that funds for this program are limited and in the event my current financial situation improves and I am no longer in need of this program, I agree to withdraw from the program so that the people most in need can be served. I understand that I can only participate in this program if I have all of the cats in the colony spayed/neutered, and I understand that it is my responsibility to humanely trap the cats and transport them to/from the Wood County Humane Society staff will not do this for me. I agree to the terms of the program stated above.

Signature

Date

Employee Signature

Date

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www.woodcountyhumesociety.org