



Wood County Humane Society

Pet Food Assistance Program: Personal Pet 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? _____

If your pet(s) is not spayed/neutered, is there a particular reason why (cost, want to breed, etc)? _____

Would you be willing to get your pet(s) spayed/neutered if you could afford it? _____

Pet Information (please fill out for each animal you need food for and use reverse side if necessary)							
Name of Pet	Cat or Dog	Age	Weight	Sex	Dog Breed (If Applicable)	Spayed or Neutered	Special Diet Required? If yes, explain

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 pet(s) in your household must be spayed/neutered to qualify for the pet food assistance program.
- If your pet(s) is already spayed/neutered, you must provide proof on or prior to your second visit to the Wood County Humane Society Pet Food Assistance Program in order to receive food.
- If your pet is not spayed/neutered, you must set-up a spay/neuter appointment prior to or on your first visit to the Wood County Humane Society Pet Food Assistance Program in order to receive food, and you must follow-through with your spay/neuter appointment in order to continue receiving food.
- 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 limited and our goal is to keep pets with their families and out of shelters/rescue groups, therefore, this program is intended for individual pet parents, NOT for individual rescuers, animal shelters or rescue groups.
- Food is distributed per household. If individual family members try to get food for the same pets, they will be revoked from the program.
- 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 from pet parents. This minimum donation is for 1-5 animals and each additional animal is an additional **\$1**. Minimum donation requests may change if program is 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 your pet food supply and may not fulfill the full dietary needs of your pet(s).
- You agree not to add to your number of pets either by taking in more animals or allowing animals in your household to breed while participating in this program. If you do, you will be revoked from the program.
- If your number of pets 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 or deny pet parents from this program at our discretion and/ or 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 my pet(s) develops 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 my pet food/litter supply and I cannot depend on this program to fulfill the dietary needs of my pet(s). 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 agree to the terms of the program stated above.

Signature _____ Date _____

Employee Signature _____ Date _____