

## **Shelby Humane Society Pet Food Assistance Program**

Please read the important information below and submit the application to be considered for pet food assistance.

*Any false information on this application will result in denial of assistance.*

### **To qualify, applicants must:**

- Be 18 years or older and live in Shelby County, Alabama
- Present a picture ID and proof of residency (a bill with current address will work) when receiving food for the first time once application is approved.
- Provide proof of government assistance or income of \$30,000 or less when receiving food for the first time once application is approved.
- Provided the names of all household members over the age of 18.
- Complete a new application for assistance if the number of pets changes in the household or if there is a change of address.
- Understand that food provided through this service may not match current brand; therefore, pet(s) may experience initial stomach upset due to change in diet.
- Show proof that pet(s) are spayed or neutered (Shelby Humane has a low-cost spay/neuter program for pets who are not already altered). Pet owners who do not wish to have their pets spayed or neutered are ineligible for this program.

### **Shelby Humane Society Pet Food Assistance Guidelines:**

- Food is distributed to approved applicants on Saturdays between 10am and 12pm each week. An appointment is required.
- Only one applicant per household
- The quantity of pet food received will depend upon the number of owned pets (cats and dogs only), their size, and the available supply at time of distribution.
- Requests for specific food brands will be considered, however, SHS will only be able to provide what is available from donated supplies.
- SHS reserves the right to deny food to anyone under any circumstances or to make exceptions based on individual need.
- Food provided through this service may not be resold; if SHS determines food has been resold, the household and each of its members will no longer benefit from the program.
- Service recipients must pick up food from Shelby Humane Society at 381 McDow Road, Columbiana AL 35051 during times/days specified above.
- Shelby Humane Society offers temporary pet food assistance. We will provide assistance for 60 days maximum. This service is not intended to supply food permanently.

***I hereby waive, release and discharge for myself, my heirs, personal representatives, and assigns any and all rights, liability, causes of action and claims that may now or hereafter accrue to me or which I may now or hereafter assert against the Shelby Humane Society, its officers, directors, employees, agents, successors and assigns for any injury, harm or loss suffered by me, my family or an animal related to our arising from any acceptance or use of food received from the Shelby Humane Society Pet Food Assistance Program.***

By completing the application on the following page, you are acknowledging that you understand and agree to all of these guidelines and provisions.

## Shelby Humane Society- Pet Food Assistance Application

Please return this application by mail or fax to:

Shelby Humane Society, 381 McDow Road, Columbiana, AL 35051 or 669-3819(FAX).

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of household members: \_\_\_\_\_ (list names of household members over 18 below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many pets are in your household? \_\_\_\_\_ Please provide information about your pet(s) below:

Pets Name: \_\_\_\_\_ Type: Cat Dog Spayed/Neutered: Yes No

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Pets Name: \_\_\_\_\_ Type: Cat Dog Spayed/Neutered: Yes No

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Pets Name: \_\_\_\_\_ Type: Cat Dog Spayed/Neutered: Yes No

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Pets Name: \_\_\_\_\_ Type: Cat Dog Spayed/Neutered: Yes No

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

How did you hear about the SHS Assistance Program? \_\_\_\_\_

Have you received assistance previously? Yes No

If yes, when? \_\_\_\_\_

**Please Note:** Shelby Humane Society offers programs and services designed with the goal of keeping pets in their homes (including a behavior helpline and training classes, low cost vaccine/microchip clinics and low cost spay/neuter program). Please ask for details.

*I certify that the information I have provided on this application is true and understand that giving any false information will result in the disapproval of this application and future disqualification from the service.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Office Use Only

Processor: \_\_\_\_\_ Date: \_\_\_\_\_ Approved Yes No

Reason if not approved: \_\_\_\_\_

Amount of food and brand provided today: \_\_\_\_\_

Type of Food: Wet Cat Dry Cat Wet Dog Dry Dog

Comments: \_\_\_\_\_