

Nevada Humane Society
Pet Food Assistance Application

Last Name _____

Amount Approved _____

Name _____ Date of Application _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Pet's Name	Breed	Sex	Age	Circle one	Spayed/ Newter	Proof of S/N
		Male/Female		Dog/Cat	Yes/No	
		Male/Female		Dog/Cat	Yes/No	
		Male/Female		Dog/Cat	Yes/No	
		Male/Female		Dog/Cat	Yes/No	
		Male/Female		Dog/Cat	Yes/No	

Please use the back of this form to list additional pets.

Feral Cats: Number of Cats _____ Kittens _____ How many are spayed or neutered? _____

Please check any financial aid programs in which you are currently a participant:

___ WIC ___ Quest ___ SSD or SSI ___ Nevada Check-up ___ Medicaid or Medicare

___ Unemployment OR ___ Other financial need (explain below):

I and other members of my household agree to release, discharge, indemnify, and hold harmless Nevada Humane Society and its staff, volunteers, and benefactors in the event that the recipient's pet(s) become(s) ill or develops any other health issue.

By signing below, I am certifying that the above information is accurate and complete.

I understand the program is intended to assist individuals who are unable to purchase food for their pets.

Applicant's Signature: _____ **Date:** _____

Administrative Use Only:

Staff Member: _____ Date Approved: _____

ID shown

Proof of Financial Aid

One Time Pick Up