



Last Name _____

PLEASE PRINT THIS DOCUMENT

Pet Pantry Colony Caretaker Application

Name _____ Date of Application _____

Address _____

City _____ State _____ Zip _____

Cell/Home Phone _____

Colony Address: _____ (if different from home address)

Email _____

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

WIC Quest SSD or SSI Nevada Checkup Medicaid or Medicare

Unemployment OR Other financial need (explain below):

FERAL CATS: Number of cats _____ Kittens _____ How many are already spayed and neutered? _____

Approximate age of kittens _____

I understand that I need to be actively participating in the TNR Program to receive assistance with my colony.
(Please initial).

I have been given the information on getting my colony spayed/neutered, I have a clear understanding of what the program entails. (Please initial).

I understand that I will need an appointment with the Community Programs Manager to monitor my progress of TNR in my colony on a quarterly basis to continue to be eligible for the Pet Pantry Program. (Please initial).

I understand that the Pet Pantry Program is to help supplement the of feeding my colony, it should not be relied upon to be their entire source of food. (Please initial).

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 this program is available to our community because of the generosity of donors and is intended to supplement a pet's need. While we strive to provide enough food to support each pet for a month, availability may be limited.

Applicant's Signature: _____ Date: _____