



Last Name _____

PLEASE PRINT THIS DOCUMENT

Pet Food Assistance Application

Name _____ Date of Application _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Home Phone _____ Email _____

<u>Pet's Name</u>	<u>Circle One</u>	<u>Age</u>	<u>Circle One</u>	<u>Spayed/Neutered</u>	<u>Size</u>
_____	Male/Female	_____	Dog/Cat	Yes/No	S/M/L
_____	Male/Female	_____	Dog/Cat	Yes/No	S/M/L
_____	Male/Female	_____	Dog/Cat	Yes/No	S/M/L
_____	Male/Female	_____	Dog/Cat	Yes/No	S/M/L
_____	Male/Female	_____	Dog/Cat	Yes/No	S/M/L

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

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):

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: _____