

PET FOOD BANK APPLICATION

Name:			Date:							
Phone:			Email: _							
What is the best way to	o contact you?									
				GENERAL INFO	ORMATION					
Address							_ Zip code			
Are you on governmen	t assistance:	WIC	🗌 EBT	🗌 Quest	□ Other _					
Are you currently empl	loyed?		Hov	v did you find o	out about the pr	ogram?				
				PET(S) INFOR	RMATION			Spayed/		
Number of pets: Dogs	Cats	i						Neutered		
Pet Name	Species	Age	Weight	Breed		Sex	Color	(Y/N)		
		_								

By signing this application, I hereby certify that all the information above is correct to the best of my knowledge. I also certify that I have read all of the Hawaiian Humane Society's Pet Food Bank policies and am in agreement. By accepting food and/or services from the Pet Food Bank, all household members, their friends and family, agree not to hold the Pet Food Bank, its staff, volunteers, and beneficiaries legally liable in the unfortunate event pet(s) becomes ill or causes gastrointestinal distress.

Signature: ____

lbs.

_____ staff initials

Please initial next to each line to indicate you understand and agree to the terms listed below.

- Assistance is limited to one application per household. Applications must be filled out completely in order to receive assistance.
- Photo ID is required at time of pickup. Acceptable forms of ID include Hawaii Driver's License, Hawaii State ID, Honolulu Bus Pass, Passport, Food Warehouse Club Card and Hawaii State Library Card. Other forms of identification may be approved upon Hawaiian Humane Society staff discretion.
 - 3. All information is kept confidential and not shared with anyone outside of the Hawaiian Humane Society.
- 4. The Hawaiian Humane Society Pet Food Bank is run solely via generous donations from the community, pet stores and the Hawaii Food Bank. Pet food is distributed when donations are available and is not intended to be the sole means of care. Hawaiian Humane cannot guarantee a 30-day supply and applicants may be limited to pickups once a month dependent on availability.
 - 5. For health and other community benefit, pets benefiting from the program must be spayed or neutered, unless deemed unsafe due to age or other issues. Owners of pets that are not sterilized must receive education or information on sterilization. If owners are unable to spay/neuter pets due to income, Hawaiian Humane may provide a coupon for waived fee sterilizations if available. Hawaiian Humane staff may also contact applicant about spay/neuter services at a later date.
 - 6. Participants of the Pet Food Bank program will not be eligible to adopt an animal from the Hawaiian Humane Society for 90 days after the last date of food pickup.
 - 7. Cat colony caregivers and human social service providers, such as homeless shelters, must receive advanced approval from the Manager of Community Outreach and Partnerships and arrange a pickup time. Colony caregivers must actively participate in TNRM to receive supplies. Social service providers must have a 501c3 nonprofit status. Ability to distribute to cat colony caregivers or outside organizations is based on available supplies at the time of request.
 - 8. Brand or type of pet food cannot be guaranteed. All pet food is donated and comes from many places and many brands. Participants may receive a different brand and/or amount of pet food each time they come in. When receiving pet food from the Pet Food Bank, participants are aware of the potential risks involved with feeding pet(s) a new food, since it's unlikely the pet food received is the animal's usual brand.
 - 9. By accepting food and/or services from the Hawaiian Humane Society Food Bank, all household members, their friends and family, agree not to hold the Food Bank, its staff, volunteers and beneficiaries legally liable in the unfortunate event pet(s) becomes ill or causes gastrointestinal distress.
 - 10. Hawaiian Humane Society staff reserve the right to make exceptions based on individual need. Hawaiian Humane Society staff also reserves the right to refuse services based on violation of policies, ill treatment of staff or at their discretion.

Staff/Volunteer Notes:

HDL/ID Number:



PET FOOD BANK APPLICATION

Name: _____

_____ Date: _____

PET(S) INFORMATION

							Spayed/ Neutered
Pet Name	Species	Age	Weight	Breed	Sex	Color	(Y/N)