

## **Pet Food Pantry Application - 2022**

Kitsap Humane Society believes that pets belong with their people and has created this program to support pet owners experiencing hardship. Residents of Kitsap and Mason County who are low-income may visit the Pet Food Pantry once monthly and receive food for up to 5 pets.

This program is supported by donations from our community members and our supplies are limited. Food and litter are provided on a first come, first served basis and availability is not always guaranteed.

-	nformation				
Name:					
Address:					
ZIP Code:				Phone Number:	
Email:					
Number o	f household res	idents:			
Pet Inform	ation				
Cat/Dog	Name	Age	Sex	Breed	Spayed / Neutered?
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## To receive pet food assistance, I understand and agree to the following:

- I am a resident of Kitsap or Mason County that is experiencing financial hardship and/or I qualify for low-income status.
- All of my pets are either already spayed/neutered or I agree to have my pets spayed/neutered using the free vouchers provided by Kitsap Humane Society in order to continue to receive food assistance in the future.
- I understand that I can receive food for up to 5 of my pets once per month.
- I understand that all food is donated by community member and that KHS cannot guarantee brand, type, or quality of food each time.

Date \_\_\_\_\_

• I understand that KHS is not liable for any stomach upset from food or treats given and that I should monitor my pet when giving them any long lasting treats/chews as these may be a choking hazard or dental risk.

Signature

For Staff Use Only							
If pets are not altered, number of KHS S/N Vouchers Given:							
Date:	Staff Initials:						
Shelter Buddy ID Number:							
KHS S/N Voucher Used	Date:	Staff Initials:					
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KHS S/N Voucher Used	Date:	Staff Initials:					
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