

Pet Food Pantry Application 2026 – New Applicant

Kitsap Humane Society believes that animals belong with their family and has created this program to support animal caretakers experiencing hardships. Residents of Kitsap and Mason County needing temporary support for food resources may visit the Pet Food Pantry once every 30 days and receive food for up to five (5) animals as our supplies allow.

This program is supported by donations from our community, and our supplies are limited. Food and other care supplies (litter, treats, etc.) are provided on a first come, first serve basis, and availability is not always guaranteed.

To receive pet food assistance, I understand and agree to the following:

- I am a resident of Kitsap or Mason County that needs assistance through the distribution of food items for animals in my care.
- All of my animals are either already spayed/neutered, or I agree to have them spayed/neutered using the support vouchers provided by KHS within six (6) months of receiving the vouchers in order to continue to receive food assistance in the future.
- I understand that I may receive food for up to five (5) animals once every 30 days.
- I understand that all food is donated by community members and that KHS cannot guarantee brand, type, or quality of food each time.
- I understand that KHS is not liable for any stomach upset from food or treats given and that I should monitor my animal when giving them any long lasting treats/chews as these may be a choking hazard or dental risk.

Name: _____

Address: _____

Zip Code: _____

Phone Number: _____

Email: _____

Animal Type	Name	Age	Weight	Sex	Spayed/Neutered
Cat / Dog				M / F	Yes / No
Cat / Dog				M / F	Yes / No
Cat / Dog				M / F	Yes / No
Cat / Dog				M / F	Yes / No
Cat / Dog				M / F	Yes / No

Name (printed): _____

Signature: _____

Date: _____

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Spay/Neuter Voucher For Staff Use Only

This is to certify that _____ is a Pet Food Pantry recipient and Kitsap Humane Society will support by waiving \$80 of the total fees for each approved spay/neuter surgery, including take-home pain medication.

Customer ID:

Date Voucher Received:

Voucher Expiration Date:

Visit the KHS Veterinary Lifesaving Center to schedule the surgery with a Customer Service Representative
*You must bring this voucher when you schedule your surgery appointment AND when you drop off your animal for surgery in order to receive the voucher amount waived. This voucher is only valid at the Kitsap Humane Society. If you are scheduling multiple surgery appointments for the approved voucher animals, \$80 will be waived per surgery.

This voucher can be used for the following animals:

KHS Representative: _____

Save the Date Appointment Reminders

Surgery Appointment Date for _____ : _____
(Animal Name) (Date)

Surgery Appointment Date for _____ : _____
(Animal Name) (Date)

Surgery Appointment Date for _____ : _____
(Animal Name) (Date)

Surgery Appointment Date for _____ : _____
(Animal Name) (Date)

Surgery Appointment Date for _____ : _____
(Animal Name) (Date)