



Pet Food Bank Registration

St. Augustine Humane Society
 1665 Old Moultrie Rd
 St. Augustine , FL 32084
 Mailing address:
 P. O. Box 133
 St. Augustine , FL 32085

T. 904.829.2737 F. 904.824.8817
Email. info@staughumane.org

www.staugustinehumanesociety.org

Applicant Information

Name	
Street Address	
City. ST. ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Pet Information

	Pet 1	Pet 2
PET NAME		
CAT or DOG		
BREED		
WEIGHT		
AGE		
SPAYED/NEUTERED		

A food bank card will be issued with the allotment limits indicated. The card is valid for 6 months and 12 visits within that period. Cards are not renewable. Maximum 15 lbs. Your allotment per visit:
 _____ Cat Food _____ Dog Food

Terms of Agreement

Terms of agreement to receive pet food donation:

- Agree to maintain safe and healthy living conditions for all pets, and to immediately inform a proper agency if this becomes no longer possible
- Agree that our program is to assist for a 6 month period, during which time you will plan on your pet's future care.
- Agree that no additional animals will be brought into the home while on assistance
- Agree that all pets in home must be spayed or neutered. If additional financial assistance is needed to comply, the SAHS will provide a low-cost spay neuter voucher with payment terms
- Agree that pet(s) receiving aid are for personal companionship, and not breeding, profit or sport.
- Agree to hold "St. Augustine Humane Society and it's suppliers" free from all liability in the event of any allergies or other possible health issues related to food provided.
- Agree to notify SAHS Pet Food Bank if status of your income, qualifying conditions, or your pet's status changes.
- Agree that you understand that the quantity and brands of food as well as distribution limits are subject to change.

By signing this application, you certify that all information provided is true. Any false information will result in disapproval of this application. Your signature confirms that you understand and meet all of our criteria to qualifying for our program. Your signature also confirms that you understand and comply with the terms of agreement

SIGNATURE: _____ **DATE:** _____

Below this line is for SAHS office use only

PROCESSOR: _____ DATE: _____
 TYPE OF ID & PROOF OF INCOME THAT WERE PROVIDED: _____