



Humane Society of Charlotte Pet Food Bank Client Information Form

**note: filling out this form does not guarantee HSC's ability to assist with pet food/supplies*

* Required

Client Information

Name (First and Last) *

Primary Language Spoken *

Phone Number (XXX-XXX-XXXX) *

Email Address *

County of Residence *

Street Address *

City *

State *

Zip Code *

Preferred Contact Method *

Email

Phone

Text Message

Animal Information: Pet #1

Pet #1's Name *

Pet #1's Type *

Dog

Cat

Pet #1's Breed *

Pet #1's Age *

Pet #1's Weight *

Pet #1's Spay/Neuter Status *

Pet **IS** spayed/neutered

Pet is **NOT** spayed/neutered


Pet #1's Medical History: Distemper Vaccine (Canine) *

Yes

No

N/A - pet is **not** a dog

Pet #1's Distemper Vaccine expiration date



Pet #1's Medical History: Bordetella Vaccine (Canine) *

- Yes
- No
- N/A - pet is **not** a dog

Pet #1's Bordetella Vaccine expiration date



Pet #1's Medical History: FVRCP Vaccine (Feline) *

- Yes
- No
- N/A - pet is **not** a cat


Pet #1's FVRCP Vaccine expiration date



Pet #1's Medical History: Rabies Vaccine *

- Yes
- No

Pet #1's Rabies Vaccine expiration date



Do you have a second pet to add? *

- Yes
- No

Animal Information: Pet #2

Pet #2's Name *

Pet #2's Type *

Dog

Cat

Pet #2's Breed *

Pet #2's Age *

Pet #2's Weight *

Pet #2's Spay/Neuter Status *

Pet **IS** spayed/neutered

Pet is **NOT** spayed/neutered

Pet #2's Medical History: Distemper Vaccine (Canine) *

Yes

No

N/A - pet is **not** a dog

Pet #2's Distemper Vaccine expiration date



Pet #2's Medical History: Bordetella Vaccine (Canine) *

- Yes
- No
- N/A - pet is **not** a dog

Pet #2's Bordetella Vaccine expiration date



Pet #2's Medical History: FVRCP Vaccine (Feline) *

- Yes
- No
- N/A - pet is **not** a cat

Pet #2's FVRCP Vaccine expiration date



Pet #2's Medical History: Rabies Vaccine *

- Yes
- No

Pet #2's Rabies Vaccine expiration date



Do you have a third pet to add? *

- Yes
- No

Animal Information: Pet #3

Pet #3's Name *

Pet #3's Type *

Dog

Cat

Pet #3's Breed *

Pet #3's Age *

Pet #3's Weight *

Pet #3's Spay/Neuter Status *

Pet **IS** spayed/neutered

Pet is **NOT** spayed/neutered

Pet #3's Medical History: Distemper Vaccine (Canine) *

Yes

No

N/A - pet is **not** a dog

Pet #3's Distemper Vaccine expiration date



Pet #3's Medical History: Bordetella Vaccine (Canine) *

- Yes
- No
- N/A - pet is **not** a dog

Pet #3's Bordetella Vaccine expiration date



Pet #3's Medical History: FVRCP Vaccine (Feline) *

- Yes
- No
- N/A - pet is **not** a cat

Pet #3's FVRCP Vaccine expiration date



Pet #3's Medical History: Rabies Vaccine *

- Yes
- No

Pet #3's Rabies Vaccine expiration date



Do you have more than 3 pets? *

- Yes
- No

Additional Pets

If you have more than 3 pets, please list their name(s), species (dog or cat), spay/neuter status, age, and weight below and our team will follow up on details when reviewing your information. *

Program Requirements

In order to utilize HSC's Pet Food Bank and Pet Help services you must comply with all program requirements. Please check each box below to indicate that you have read and understand the program requirements. *

I understand and agree

I understand that I can only receive pet food once a month and that the amount given to me is based on available supplies and may not last the entire month.

I understand that the pet food is not automatic and I must notify HSC's Pet Help team each month when/if I am in need.

I understand that HSC can only provide food for up to 3 of my pets.

I understand that I must provide a sufficient way for HSC to contact me.

I understand that I cannot resell or return any items given to me by HSC.

I understand that all gifts are donated from outside sources and HSC is not liable for any illness they may cause.

I understand that I may be removed from the program if I exhibit any inappropriate behaviors such as, but not limited to: conduct putting animals and/or people at risk, extreme use of profanity, threatening or aggressive behavior, refusal to follow program requirements, violation of local laws and/or animal ordinances,

displaying any
form of
harassment.

Name below I am promising that all of the information above is true and I understand that if I have purposefully lied I may be removed from the program. Additionally, I understand that I am able to change any of the above information as needed. *

Photo/Video Release

Note: you are not required to sign the photo/video release in order to participate in the Pet Food Bank program

I hereby authorize the Humane Society of Charlotte permission to use my likeness in a photo/video in any and all of its publications, including but not limited to all Humane Society of Charlotte's printed and digital publications. I understand and agree that any photograph/video using my likeness will become property of the Humane Society of Charlotte and will not be returned. I acknowledge that since my participation with the Humane Society of Charlotte is voluntary, I will receive no financial compensation. I hereby irrevocably authorize the Humane Society of Charlotte to edit, copy, exhibit, publish or distribute this photo/video for purposes of publicizing the Humane Society of Charlotte's programs and mission or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the Humane Society of Charlotte from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

By selecting "I agree" below you are consenting to all above statements.

- I agree
- I do not wish to participate

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