



### Pet Food Program Application & Agreement

Owner Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ APT # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way to contact you? (circle all that apply)      Email | Phone | Text Message

**Pet Name:** \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Circle ONE  
in each pair      CAT DOG | FEMALE MALE | ALTERED INTACT\*

Rabies vaccination current?      YES      NO\*      Approximate weight: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

CAT DOG | FEMALE MALE | ALTERED INTACT\*

Rabies vaccination current?      YES      NO\*      Approximate weight: \_\_\_\_\_

\*Please note that in order to continue using the Pet Food Bank program for longer than 3 months, **all pets must be fixed and current on their rabies vaccination** within that 3 month period.

Humane Society of Charlotte reserves the right to remove clients from the Pet Food Program at their discretion.

**Pet Name:** \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Circle ONE  
in each pair    CAT   DOG |   FEMALE   MALE |   ALTERED   INTACT\*

Rabies vaccination current?    **YES**    **NO\***    Approximate weight: \_\_\_\_\_

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I promise that all of the information above is true or is my best guess. I understand that if I have purposefully lied, I can be removed from the Pet Food Program. I understand that if the Humane Society isn't able to contact me, they may remove me from the program. I also understand that I am able to change any of the above information as needed. I understand that my account will be automatically suspended in three months unless I provide documentation for alteration and current rabies vaccinations for all of my pets. I understand that I will need to apply for recertification once each year to continue in the program.

I have reviewed and understand the terms and limitations of the Pet Food Bank program.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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