

## Pet Food Bank Client Information Form

To return this form, please email a copy to outreach@humanecharlotte.org,  
text photos to 980-313-4472 or drop off at 2700 Toomey Ave between 11am-5pm.

### Client Information:

Name:	Date:	Language Spoken:
Phone Number:	Email:	
Address: (please include APT#, City and Zip Code)	What is the best way to contact you? (circle all that apply) Email   Phone   Text Message	

### Animal Information: Pet #1

Name:		
Breed:	Age:	Weight:
(circle one) Cat   Dog	(circle one) Intact Male   Intact Female Neutered Male   Spayed Female	Up to date on Rabies vaccine? (circle one) Yes   No

### Animal Information: Pet #2

Name:		
Breed:	Age:	Weight:
(circle one) Cat   Dog	(circle one) Intact Male   Intact Female Neutered Male   Spayed Female	Up to date on Rabies vaccine? (circle one) Yes   No

### Animal Information: Pet #3

Name:		
Breed:	Age:	Weight:
(circle one) Cat   Dog	(circle one) Intact Male   Intact Female Neutered Male   Spayed Female	Up to date on Rabies vaccine? (circle one) Yes   No

If you have more than 3 pets, please list their name(s) and species (dog or cat) on the lines below and our team will follow up on details when reviewing your information form.

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

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

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

### Program Requirements:

I understand that in order to utilize HSC's Pet Food Bank and Outreach services I must comply with the program requirements. Please initial on each line to indicate that you have read and understand the program requirements.

\_\_\_\_\_ 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 each month when/if I am in need.

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

\_\_\_\_\_ I must provide a sufficient way for HSC to contact me.

\_\_\_\_\_ 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 may be removed from the program if I exhibit any inappropriate behaviors such as but not limited to: conduct putting animals and people at risk, extreme use of profanity, threatening or aggressive behavior, refusal to follow program requirements, violation of local laws and animal ordinances, displaying any form of harassment and so on.

I promise that all of the information above is true. I understand that if I have purposefully lied, I can be removed from the program. I also understand that I am able to change any of the above information as needed.

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

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

### PHOTO / VIDEO RELEASE

*Note: You do not need to sign the photo/video release in order to participate in the 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.

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

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

For additional information on HSC Outreach Programs, please contact 980-313-4472 or outreach@humanecharlotte.org