



Application for Pet Food Assistance

Chesapeake Humane Society (CHS) is a non-profit 501(c)(3) organization. CHS' Pet Food Pantry offers temporary assistance to help individuals and families in need feed their pets. All information submitted will remain confidential. Applications can be emailed to info@chesapeakehumane.org or mailed to:

Chesapeake Humane Society
Attn: Pet Food Pantry
312 N. Battlefield Blvd.
Chesapeake, VA 23320

Requirements:

1. Provide proof of unemployment, government assistance, disability, or most recent tax returns (Form 1040) showing combined household income of \$30,000 or less. (W2s are NOT accepted as proof of income)
2. Provide proof of sterilization for each pet in the household, or have pets altered within 3 months of being accepted into the program. CHS can help with assistance for spaying or neutering pets.
3. Provide proof of current Rabies vaccination.
4. Recipients must be 18 years of age or older. ID may be required.

Rules and Guidelines:

1. Pets provided with food through this program are companion animals that live primarily indoors and are not used for breeding or illegal activities.
2. This is a temporary service; once your application is approved, food will be provided for up to six (6) months.
3. Pet food can be picked up once per month. Approved applicants must make an appointment to pick up food (Tuesday – Friday, 10am-4pm or Saturdays, 12pm-3pm).
4. The Pet Pantry can support no more than 5 pets per household. This program does not provide food for feral cats.
5. Pet food recipients cannot take on any additional animals while receiving assistance.
5. Understand that all pet food and supplies are donated and may not be the current brand you use to feed your pet, which may upset your pet's stomach.
6. CHS will make every effort to consider special requests for certain formulas or flavors of dog and cat food (i.e., Senior, indoor, etc.), however we are only able to give what is available at the time.
7. Recipients agree not to resell, redistribute or attempt to return to a store, any food or care items received from CHS' Pet Food Pantry. Violation of this rule will disqualify you for future assistance.
8. CHS reserves the right to deny service to anyone under any circumstances or to make exceptions based on individual need.
9. All applicants and recipients must conduct themselves in a courteous and lawful manner while on the premises. Any type of inappropriate behavior, discourtesy, or disturbance will result in immediate and permanent disqualification from being able to receive Pet Pantry assistance. If such circumstances occur, you will be advised in writing and barred from the premises.

Waiver:

I hereby waive, release, and discharge for myself, my heirs, personal representatives, and assigns any and all rights, liability, causes of action and claims that may now or hereafter accrue to me or which I may now or hereafter assert against the Chesapeake Humane Society, their officers, directors, employees, volunteers, agents, successors, and assigns for any injury, harm or loss suffered by me, my family, or an animal related to or arising from my acceptance or use of food received from the Chesapeake Humane Society's Pet Pantry. By signing your name below, you are acknowledging that you understand and agree to all of the provisions above.

Signature of Applicant: _____ Date: _____

Print name here: _____

Questions?
Email: info@chesapeakehumane.org
Call: 757-546-5355



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All questions must be answered and all required documents must be provided in order to process application.

First Name: _____ Last Name: _____

Street address: _____ City, State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____

How did you hear about CHS' Pet Pantry? Friend Website Other: _____

Do you currently receive government assistance? No Yes (proof required)

If yes, list types of assistance you receive: _____

If no, is your combined household income \$30,000 or less? No Yes (proof required) N/A

I have attached proof of unemployment, government assistance, disability, or proof of income* No Yes

If no, please attach a letter describing your hardship or why you are requesting assistance.

*W2s are NOT accepted as proof of income.

Are you able to pick up the pet food from CHS (312 N. Battlefield Blvd., Chesapeake, VA 23320) No Yes

If no, do you have a friend or family member who can pick up the pet food? No Yes

Name & relationship of individual authorized to pick up food on your behalf: _____

Type of food needed: (Please check all that apply)

Adult dog – dry Adult cat – dry Adult dog – canned Adult cat – canned

Preferred brand of food (not guaranteed): _____

Does your pet have allergies or require special foods? No Yes, explain: _____

Pet's Name	Dog/Cat	How did you acquire this pet? (shelter, Craig's List, found it, family member, breeder, pet store)	Age	Approx. Weight	Spayed/Neutered? Y/N (proof required)	Current Rabies Vaccination? Y/N (proof required)

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic termination of subsidy agreement and suspension from making future applications. I further understand that I am applying for a financial assistance subsidy and that the subsidy will expire six (6) months from application date.

Signature of Applicant: _____ Date: _____

For office use only:

Application processor: _____ Date: _____

Approved Disapproved Reason if not approved: _____