



APPLICATION

1. You agree that only your pets will consume our donated food.
2. By your second visit you agree to provide proof your pets are spayed, neutered or vaccinated.
3. By your second visit you agree to provide proof of income and proof of residency.

Accepted Documents:

Food Stamp Card	SSI Letter
Disability Letter	Unemployment Letter
Bank Statement	Utility Bill
Drivers License	Veterinary Bills

4. You agree to not receive free food if your household income is above the food bank chart.
5. Food will be supplemented for up to 7 pets per household when food is available.
6. You agree not to add to the number of pets you already have while participating in our program.
7. Pets in our program will only be supplied a supplemental amount Once a month.
8. We cannot guarantee the quality or quantity of our food.
9. KOPFB reserves the right to deny or terminate participants from this program at our discretion. We also reserve the right to change the terms of this program without prior notice to participants.

GIVE FRONT PAGE TO PARTICIPANT

Personal Information

Name (print) _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Tell us how you found us and why you need our help:

I _____ understand KOPFB cannot guarantee the brand, type, quality, or freshness of the food given to me. If my pet develops a medical condition in whole or part by the food provided, I agree to release KOPFB, this program from all liability. I also understand it is my responsibility to pick up the food from KOPFB. I also understand this program only supplements my pet food supply and I cannot depend on this program to fulfill my pet's dietary needs. I understand the funds for this program are limited and in the event my financial situation improves and I no longer need help, I agree to withdraw from the program so that other people most in need can be served.

About You're Pets

Name of Pet	Cat or Dog	Weight	Age	Special Diet?

By signing below, I acknowledge that I fully understand and agree to the policies and practices of Keep Our Pets Food Bank. I also agree that all the information provided on this application is true to the best of my knowledge.

Name

Date