

**Helotes Humane Society**  
**Pet Food Assistance Application**  
**Group/Rescue/Association/Coalition**  
**P. O. Box 908**  
**Helotes, TX 78023**

Thank you for contacting the Helotes Humane Society. Please fill out this application so we can determine if you are eligible for assistance. Please answer each question truthfully. All information given is kept strictly confidential. Any false information on this application will result in the disapproval of this application and will be denied.

***Keeping pets in their homes is our number one goal. To accomplish this, we provide temporary food assistance for pets whose owners might otherwise be forced to surrender them to a shelter. We help the homeless and financially disadvantaged pet owners keep and maintain their beloved companions, which is essential to a person's well being.***

**When supplies allow we also provide assistance to cat/dog rescues, feral cat colony caretakers and neighborhood associations dedicated to the care and feeding of abandoned animals.**

In order to be considered for assistance, you must:

1. Provide the Name and address of your Animal rescue, Feral Cat Association or other animal related support group.
2. List the names of your volunteers.
3. Provide your 501(c) 3 ID. Skip if your group doesn't have this designation.

4. Provide the numbers/groups of animals you assist. Identify foster homes, feral cat colonies, and other groups and/or individuals you support.
5. Understand the food provided is donated and that it may not be your current brand. This may cause your fosters to get an upset stomach due to the introduction of a new food.
6. Agree to hold the HHS, its staff, and volunteers free from all legal action and are aware of the risks involved with feeding your pet new food.
7. Agree you do not breed any of your animals for profit or sport.
8. Understand the HHS has the right to deny your application.
9. Agree by receiving food from the HHS, to give a food or monetary donation back to the HHS at distribution when you are able.

**Signature:**

**DATE:**

**By signing your name above, you understand and agree to all of the provisions above.**

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1. Name:	Date:
Address:	City:
Zip:	Phone No.
Email Address:	

2. Name of your organization or a Foster care provider:

3. Date Organization began providing services.

4. Names of volunteers:

*(Indicate if volunteer is a foster care provider)*

5. How many animals or other groups do you currently support?  
*(If you need more space, please use the back of this page)*

Dogs/Puppies:

Cats/Kittens:

Feral Cat Colonies:

Other Animal Support Groups and/or Individuals:

Other Groups:  
*(i.e. food pantries)*

6. Do any of your animals have special food needs (i.e. K/D, T/D, etc.)?

Please specify:

7. Have you received assistance from HHS previously? Yes No

8. If you bring your animals(s) with you, will you allow us to take photos of your animals(s) or both of you, to be used for advertising purposes? Yes / No If yes, by signing below one agrees to relinquish all right for monetary gain and compensation.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND THAT GIVING ANY FALSE INFORMATION WILL RESULT IN THE DISAPPROVAL OF THIS APPLICATION AND DISQUALIFICATION OF FUTURE APPLICATIONS.

Signature:

Date:

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For HHS Use ONLY  
Reviewed Application

Date

Status (approved, Disapproved, Pending):

Comments: