

Helotes Humane Society
Pet Food Assistance Application
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.

OUR MISSION:

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 food assistance to dog/cat 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. Be 18 years or older.
2. Have a picture ID with your current address.
3. List the names of all household members 18 years and older.
4. If the number of pets changes in your household or you move, you agree to fill out a new application.
5. Understand the food provided is donated and that it may not be your current brand, therefore your pet(s) could get an upset stomach due to the introduction of a new food to their diet.

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 pets, 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 food or a monetary donation back to the Pet Food Bank when you are able.

Please spay/neuter your pets. After your initial visit, pets that remain intact will not be eligible for food until the HHS PFB receives proof of spaying/neutering. Low cost and free spay/neuter information is available at all food distributions and online at hhsanimals.org. Please help us achieve our NO-KILL goal.

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

Signature of Applicant:

Date:

1. Name:
Address:
Zip:

Date:
City:
Phone No.

Email address:

2. Number of household members:
over 18:

Names of members

3. How many pets in your household?

X-Small dog = under 10lbs
Med dog = 31 – 60 lbs
X-large dog = 101 +

Small dog = 11-30 lbs
Large dog = 61 – 100 lbs

Pet's Name
Breed:
Spay/Neutered: Yes or No

Type: Cat/dog
Age:
SZ: S M L XL *use weights above

Pet's Name
Breed:
Spay/Neutered: Yes or No

Type: Cat/Dog
Age:
SZ: S M L XL

Pet's Name
Breed:
Spay/Neutered: Yes or No

Type: Cat/Dog
Age:
SZ: S M L XL

Pet's Name
Breed:
Spay/Neutered: Yes or No

Type: Cat/Dog
Age:
SZ: S M L XL

Pet's Name
Breed:
Spay/Neutered: Yes or No

Type: Cat/Dog
Age:
SZ: S M L XL

(If you need more space, please use the back of this page)

4. Does your pet have special food needs (i.e. K/D, T/D, etc.)?
Please specify:

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

6. If you bring your pet(s) with you, will you allow us to take photos of your pet(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.

PLEASE NOTE: We offer referral services for low-cost vaccination information **and information on low cost/free spaying, and neutering of a pet.** Please ask an HHS representative for more information.

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: