



3501 E Butler Ave, Flagstaff, AZ 86004 • Phone 928-526-1076 • Fax 928-527-9380 • coconinohumane.org

Coconino Humane Association Pet Food Bank Application (owned pets)

All Coconino Humane Association Pet Food Bank clients acknowledge, understand and consent to the following terms of this program by initializing each blank:

- I, _____, understand that only residents of Coconino County is eligible for this program and must provide proof of residency. Food is distributed per household. If individual family members attempt to get food for the same pets at the same address, they will be revoked from the program.
- I, _____, understand all pets in my household **must** be spayed/neutered to qualify for the pet food bank program.
- I, _____, understand if my pet(s) is already spayed/neutered, I must provide proof on or prior to my second visit to the Coconino Humane Association Pet Food Bank in order to receive food.
- I, _____, understand if my pet is not spayed/neutered, I must set-up a spay/neuter appointment prior to or on my first visit to the Coconino Humane Association Pet Food Bank in order to receive food, and I must follow-through with my spay/neuter appointment in order to continue receiving food. I may have my pet spayed/neutered at a private veterinary office, but I must bring proof that my pet was fixed before I can receive food.
- I, _____, understand food will be provided for up to two pets. If I have more than two animals, it is my responsibility to determine how to allocate the food I receive from the pet food bank.
- I, _____, understand the amount of food supplied will be at Coconino Humane Association's discretion. This program is meant to **supplement** my food supply and may not fulfill all the dietary needs of my pet(s).
- I, _____, understand food for the program is donated from various sources, therefore Coconino Humane Association cannot guarantee the quality, freshness or safe consumption of the food, nor can it be guaranteed that food will be available in any capacity; it is distributed on a first come, first serve basis.
- I, _____, understand food is limited and Coconino Humane Association's goal is to keep pets with their families and out of shelters, therefore, this program is NOT for individual rescuers, animal shelters or rescue groups and I will not partake in rescue efforts while receiving food assistance..
- I, _____, agree not to add to my number of pets either by taking in more animals or allowing animals in my household to breed while participating in this program. If I do, I understand that it shows I am able to care for the ones I already have and I will be removed from the program.
- I, _____, understand failure to abide by Coconino Humane Association Pet Food Bank terms can result in my participation being revoked.
- I, _____, understand Coconino Humane Association reserves the right to remove or deny pet parents from this program at their discretion. I, _____, understand I will be terminated from the program for being rude or pushy to any staff member or volunteer about assistance. I, _____, understand that the Coconino Humane Association Pet Food Bank is not a government assistance program, is not required to provide food and is made possible solely by donations from individuals and businesses in our community.

- How long do you anticipate needing help with pet food? Please initial one.
 1-3 months
 3-6 months
 6-12 months
 duration of pet's life
- I, _____, understand that the Coconino Humane Association Pet Food Bank is meant to serve as a temporary resource and I will need to provide proof of financial need should I need assistance with pet food for more than three months.

To qualify for financial assistance, you must currently be receiving Arizona State Assistance and/or Federal Assistance such as Medicaid, SNAP (food stamps) or WIC, Veterans Assistance, Social Security, Disability, ect. and you **must provide** a statement with the qualifying benefit period.

If you do not have any of the above, you must supply the following in order to be considered for financial assistance.

- Valid proof of identity – a state issued photo ID or driver's license or a federal, state or local government or military ID card
- Proof of income – earned and unearned (gross) income for all persons residing in the home. (Gross income is what you have before taxes or anything is taken out.)
 - You can show "earned income" with your pay check stubs for the past month.
 - "Unearned" income is money you get that is not a pay check. This includes child support or unemployment compensation benefits or disability benefits that you get.
 - If you are self-employed, you must show a copy of last year's income tax return.
- I, _____, understand that financial qualifications will be reassessed every six months or as Coconino Humane Association deems necessary.
- We can still consider your case if you can prove temporary, financial hardship with appropriate documentation. We will consider these special situations on a case-by-case basis.
- I, _____, understand that for the safety of my animals I am not allowed to bring my animals with me on the day of the Pet Food Bank and will be asked to leave if I do not comply with the Coconino Humane Association's request.

I (PRINT NAME) _____ understand that Coconino Humane Association, its programs and its affiliates cannot and will not guarantee the brand, type, quality, brand, freshness or safety of the food given to me. If my pet(s) develops a medical condition in whole or in part by the food provided, I agree to release Coconino Humane Association, this program, and its affiliates from any and all liability. I also understand that it is my responsibility to pick up the food from the Coconino Humane Association Pet Food Bank, and I understand that this program only **supplements** my pet food supply and I cannot depend on this program to fulfill the dietary needs of my pet(s). I understand that the food may have expiration dates within the six previous months. I understand that funds for this program are limited and in the event my current financial situation improves and I am no longer in need of this program, I agree to withdraw from the program so that the people most in need can be served. I agree to the terms of the program stated on page one and page two.

Signature _____ Date _____

Personal Information

Name _____

Address _____

City, State, Zip, County _____

Home Phone _____

Cell Phone _____

E-mail Address _____

If you qualify for long-term assistance, you may name ONE alternate person to pick-up pet food on your behalf. This person must have your fee, your membership card and his or her personal identification. Please provide your alternate pick up person's name: _____

How did you hear about the Coconino Humane Association Pet Food Bank?

If your pet(s) is not spayed/neutered, is there a particular reason why (cost, want to breed, etc)? Would you be willing to get your pet(s) spayed/neutered if you could afford it? _____

Please explain why you rely on the Coconino Humane Association Pet Food Bank. Your story may be used as a testimonial on our Web site, in our newsletter or on social media as an example of why there is a need for this program, and to help us get funding and donations to keep the pet food bank running. We will only use your first name, never your last name! **(Use back side of page if necessary.)**

Pet Information

(please fill out for every animal in your household)

Name of Pet	Cat or Dog	Age	Weight	Sex	Dog Breed	Spayed or Neutered?

For Staff Use Only

WIC _____ Medicaid _____ SNAP _____ Income _____ Circumstantial _____