

Mail to:

HSGC
3325 S. Dort Hwy.
Burton, MI 48529
Attn: Mari



Kibble Cupboard

Date: _____

Owners Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Additional Phone: _____

Email: _____

Driver's License or Identification Number: _____

Household Members- Please list other people living in your home, including their full name and relationship to you.

Name of Household Member: _____ Relationship to you: _____

Name of Household Member: _____ Relationship to you: _____

*Additional space on back for more household members

Are other people allowed to pick up food for you? ___ No ___ Yes

If yes, please include first and last name: _____

Your Companion Animals

Name of Pet / Breed	Age		Spayed/Neutered*
_____ Male or Female	_____	Dog	Weight_____ Y/N
_____ Male or Female	_____	Dog	Weight_____ Y/N
_____ Male or Female	_____	Cat	Weight_____ Y/N
_____ Male or Female	_____	Cat	Weight_____ Y/N

Spay / Neuter Document Required: ONE DOCUMENT FOR EACH ANIMAL You MUST attach documentation as proof of surgery for every animal listed. Application will not be processed without this proof.

Veterinarians Name and phone number: _____

Does your pet sleep indoors or outdoors overnight? _____

Is your pet up to date on vaccines: Yes No

Do you currently breed any of your pets: Yes No

Are you interested in breeding or having puppies in the future? Yes No

*If your animals are not spayed/neutered what is the reason? _____

To be eligible for the Kibble Cupboard program, you must qualify as low income, be a current participant in a state/federal assistance program. Please complete one of the two items below.

1. Family Income Level

- There is 1 person in my family and my income level is \$20,000 or less.
- There are 2 people in my family and our combined income level is \$23,000 or less.
- There are 3 people in my family and our combined income level is \$26,000 or less.
- There are 4 people in my family and our combined income level is \$29,000 or less.
- There are 5 people in my family and our combined income level is \$32,000 or less.
- There are 6 people in my family and our combined income level is \$35,000 or less.

*Proof of income level may be requested.

2. Assistance Program (Proof of participation required)

- TANF (Temporary Assistance for Needy Families)
- SSI (Supplemental Security Income)
- SSA (Social Security Benefits)
- WIC (Women, Infants & Children)
- Medicaid
- Unemployment
- SNAP or Food Assistance Program

By signing, I am declaring that the information above is correct. I agree to return food bucket(s) and withdraw from the program when I am able to afford food for my animal(s). I also understand that the HSGC Kibble Cupboard program is intended as a supplemental food source and is not the sole source of food for my pets and eligibility will be reviewed regularly. Spaying and neutering is important to reducing pet overpopulation. I agree to provide proof that my pet(s) have been spayed or neutered before receiving food. I also agree not to breed my pets when receiving food from this program.

Signature of Participant _____
Date

***Additional Household members:**

Name of Household Member: _____ Relationship to you: _____
Name of Household Member: _____ Relationship to you: _____
Name of Household Member: _____ Relationship to you: _____
Name of Household Member: _____ Relationship to you: _____

For Office Use Only:					
Proof of Assistance Program provided:					
Bridge Card	Medicaid	Unemployment	SSI Disability	Income Verification	Other _____
Approved	Denied/Reason _____				
_____ Staff Signature			_____ Date		

In consideration of the opportunity to receive pet food from the Humane Society of Genesee County (“HSGC”) as part of its Kibble Cupboard Program, I hereby agree to the following Waiver and Release of Liability:

1. **Waiver and Release of Liability:** My participation in the Program is voluntary and involves me being given food from various sources and, there is a possibility of harm (which could be minimal, serious, and/or result in death) and loss of or damage to a pet or animal consuming the food I am receiving (collectively, Risks). Accordingly, I agree to the following:
 - a. I hereby release and hold harmless HSGC, its officers, directors, employees, agents, volunteers, and contractors (collectively, Releasees) from any claim, demand, loss, liability damages, and attorney fees and costs whatsoever arising from, related to, or resulting from these Risks, including those caused by the negligent acts or omissions of any or all of the Releasees.
 - b. As between each of the Releasees and me, I will be solely responsible for any and all medical and related bills that I may incur because of any injury, as well as costs related to loss or damage to my property, that my pet may sustain as a result of my participation in the Event.
 - c. This Agreement shall be binding on my estate, heirs, executors, administrators, successors, and assigns, as well as any other party asserting a Claim on my behalf or on behalf of my estate.

Signature of Participant

Date

Signature of HSGC Employee

Date