

**Mail to:**

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



**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.

\_\_\_\_\_ Date

Signature of Participant

**\*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.

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Signature of Participant

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Date

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Signature of HSGC Employee

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Date