



Helping pets be happier and healthier

### **2019 Anicira Veterinary Center Pet Food Pantry Application**

The Pet Food Pantry provides free quality pet food for pet owners in Harrisonburg and Rockingham County who are struggling to feed their pets due to financial need.

Our goal is to help keep pets in the home and out of shelters. Accordingly, we try to provide aid for those who are in the most financial need.

Once approved, you will be eligible for free pet food for a period of six months providing you adhere to all of our guidelines. This program is designed as a temporary solution.

Food is distributed to participants on the 2<sup>nd</sup> Saturday of each month from 10-12. Food may only be distributed per household once a month.

#### **To qualify for assistance, applicant must:**

- Inform Anicira if the number of pets in the household decreases or if there is a change of address.
- Understand that the food provided through the service may not match current brand, therefore, pet(s) may experience GI upset due to the change in diet.
- Understand that the food is donated from various sources; therefore Anicira cannot guarantee the quality, freshness, or safe consumption of the food.
- All pets in household are to be spayed/neutered.
- Agree that pets are for companionship and not for breeding or any illegal activities.
- Agree to maintain healthy conditions and living environment for all pets.
- Agree to not tether or chain a dog outside.
- Understand the program is designed to help people who are struggling to feed their pets due to financial need. It is not designed to allow people to add pets to a home. For this reason, participants should not add or replace a pet.
- Understand the quantity of pet food distributed will depend upon the number of cats and dogs, their size and the available supply of food.
- Understand the Pet Food Pantry reserves the right to deny food to anyone under any circumstances or to make exceptions based on need.

• Understand food provided through the Pet Food Pantry may not be resold or given away. If the pantry determines that food has been resold or given away, the household and each of its members will no longer benefit from the program.

• Understand the Pet Pantry offers temporary pet food assistance; this service is not intended to supply food permanently.

I HEREBY WAIVE, RELEASE AND DISCHARGE FOR MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES, AND ASSIGNS ANY AND ALL RIGHTS, LIABILITY, CAUSES OF ACTION AND CLAIMS THAT MAY NOW OR HEREAFTER ACCRUE TO ME OR WHICH I MAY NOW OR HEREAFTER ASSERT AGAINST THE ANICIRA VETERINARY CENTER, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS FOR ANY INJURY, HARM OR LOSS SUFFERED BY ME, MY FAMILY OR AN ANIMAL RELATED TO OR ARISING FROM MY USE OF THE PET FOOD PANTRY.

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 FUTURE DISQUALIFICATION FROM THE SERVICE.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant (please print): \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Type of Government Assistance:

Medicaid  WIC  SNAP

Yearly Household Income

\$10,000- \$15,000  15,000-20,000  20,000- 30,000  30,000-40,000  over \$45,000

Reason for Assistance: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Number of household members including children: \_\_\_\_\_

How many pets are in your household? \_\_\_\_\_

Please provide information about your pet(s):

Pet's Name: \_\_\_\_\_ Species: (Please Circle) Dog: / Cat Neutered: Y / N  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

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