



# PET KŌKUA

By Hawaiian Humane

## PET FOOD BANK APPLICATION

FOR OFFICE  
#P \_\_\_\_\_

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 What is the best way to contact you? \_\_\_\_\_

### GENERAL INFORMATION

Address \_\_\_\_\_ Zip code \_\_\_\_\_  
 Are you on government assistance:  WIC  EBT  Quest  Other: \_\_\_\_\_  
 Are you currently employed? \_\_\_\_\_ How did you find out about the program? \_\_\_\_\_

### PET(S) INFORMATION

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Pet Name	Species	Age	Weight	Breed	Sex	Color	Spayed or Neutered Y / N

# PET FOOD BANK AGREEMENT

Please initial next to each line and sign below to indicate you understand and agree to the terms listed below.

- \_\_\_ 1. Assistance is limited to one application per household. A household is considered a group of people who live and care for the pet(s) together. Applications must be filled out completely to receive assistance.
- \_\_\_ 2. Photo ID is required at time of pickup. Acceptable forms of ID include Hawaii Driver's License, Hawaii State ID, Honolulu Bus Pass, passport, food warehouse club card and Hawaii State Library Card. Hawaiian Humane Society staff may accept other forms of identification at their discretion.
- \_\_\_ 3. Information collected by Pet Food Bank may be shared with program funders.
- \_\_\_ 4. The Hawaiian Humane Society Pet Food Bank distributes food donated by the community, pet stores and the Hawaii Food Bank. The availability of services is dependent on donations and Pet Food Bank is not intended to be the sole means of food support. Applicants are eligible to receive food once a month, depending on availability.
- \_\_\_ 5. Pet(s) benefiting from Pet Food Bank must be spayed or neutered unless a veterinarian deems the procedure unsafe. Owners with pet(s) who are not spayed/neutered must schedule a spay/neuter appointment within six (6) months of applying for Pet Food Bank benefits for the pet(s) or risk losing access to services. If owners cannot afford the cost of spay/neuter, they may request reduced-fee surgery through Neuter Now or waived-fee surgery through the Pet Kōkua Program.
- \_\_\_ 6. Various brands and volumes of pet food are donated, and participants may receive a different brand and/or amount of pet food each time they come in. Participants assume sole responsibility for any risks associated with making changes to their pet's diet. Participants, household members, their friends and family, agree not to hold the Hawaiian Humane Society, its staff, volunteers, and beneficiaries legally liable if their pet(s) becomes ill after eating food obtained at Pet Food Bank.
- \_\_\_ 7. Hawaiian Humane Society staff reserve the right to make exceptions to these rules based on individual need.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

===To be completed by staff =====

<u>Staff/Volunteer Notes:</u>	D _____ LBS	Date entered PP:
<u>Identification Information</u>	C _____ LBS	Completed by:
Name as it appears on ID:		
ID #:	Expiration Date:	
DOB:	Issued Date:	