

PetPromise Pet Pantry Assistance Agreement

PO Box 14802, Columbus, Ohio 43214 outreach@petpromise.org www.petpromise.org 614.738.2149

Name of Participant _____

Address _____

City/ST/Zip _____

Home phone # _____

Work phone # _____

Email _____

Describe Situation and Why Assistance is Being Sought _____

1. I, as the caretaker of the animals listed below (the "Pets") do hereby agree/state as follows:
 - I will provide proof of unemployment, low income status, or disability with a valid driver license or some form of ID each visit to the PetPromise Pet Pantry. (Disability/SSI, Unemployment, etc.)
 - That the Pets listed below are not used for breeding or any illegal activities.
 - I agree to provide fresh water daily to the Pets.
 - I agree not to tether or chain a dog in my care outdoors 24/7.

2. I recognize that in receiving assistance in the form of donated pet food and supplies there exists a risk of injury or sickness, including personal injury or harm to me, my pet(s) and others. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless PetPromise and its agents from any and all claims, causes of actions or demands, of any nature or cause connected with my receipt of assistance in any form from PetPromise.

3. I understand that: PetPromise has a limited amount of food available for animals in need and that in the event my situation qualifies for the PetPromise Pet Pantry Program, the amount of food provided will be determined on a case by case basis, depending on availability and need. Food will be disbursed by appointment only; a representative of PetPromise will establish a date & time for you to pick up any food allocated to you. Because PetPromise only receive a limited amount of food each month, we cannot guarantee how much or how often we can provide food to you for the animals in your care.

Type of Pet	Name of Pet	Breed	Spayed or Neutered? (Yes/No)	Additional Info

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THE FOREGOING ASSISTANCE AGREEMENT AND RELEASE AND THAT I WILL COMPLY WITH THE SAME.

Signature of Participant _____ Date _____

Printed Name of Participant: _____